FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S81697** **(2)**

1. Corporation Name
IV-1, INC.

Principal Place of Business	Mailing Address
285 W. CENTRAL PKWY. #1719 ALTAMONTE SPRINGS FL 32714	285 W. CENTRAL PKWY. #1719 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1991	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3099905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NASSIF, CHARLENE B 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714	81 Name: McIntyre, Melissa 82 Street Address (P.O. Box Number is Not Acceptable): 285 W. Central Parkway 83: Suite 1719 84 City: Altamonte Springs FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE x Melissa McIntyre x 3/31/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TSD~~	1.1 TITLE		☐ Change ☐ Addition
NAME	~~NASSIF, CHARLENE~~	1.2 NAME		
STREET ADDRESS	~~285 W. CENTRAL PKWY., SUITE 1719~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL 32714~~	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	Executive VP-Sales	☒ Change ☐ Addition
NAME	WOODARD, WILLIAM	2.2 NAME		
STREET ADDRESS	285 W. CENTRAL PKWY., SUITE 1719	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP		
TITLE	Chairman and CEO/Director	3.1 TITLE		☐ Change ☒ Addition
NAME	Bindley, William E.	3.2 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste. 300	3.3 STREET ADDRESS		
CITY-ST-ZIP	Indianapolis, IN 46290	3.4 CITY-ST-ZIP		
TITLE	Exec. VP, Gen'l Counsel, Sec'y/ Dir.	4.1 TITLE		☐ Change ☒ Addition
NAME	McCormick, Michael D.	4.2 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste 300	4.3 STREET ADDRESS		
CITY-ST-ZIP	Indianapolis, IN 46290	4.4 CITY-ST-ZIP		
TITLE	Exec. VP, CFO/ Director	5.1 TITLE		☐ Change ☒ Addition
NAME	Salentine, Thomas J.	5.2 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste. 300	5.3 STREET ADDRESS		
CITY-ST-ZIP	Indianapolis, IN 46290	5.4 CITY-ST-ZIP		
TITLE	President and COO	6.1 TITLE		☐ Change ☒ Addition
NAME	McIntyre, Melissa	6.2 NAME		
STREET ADDRESS	285 W. Central Parkway, Ste. 1719	6.3 STREET ADDRESS		
CITY-ST-ZIP	Altamonte Springs, FL 32714	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Woodard March 28, 1995 (317) 298-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6338747 CP