FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
IV-1, INC.

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

Mailing Address
285 W. CENTRAL PKWY. #1719
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **09/20/1991**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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

MCINTYRE, MELISSA
285 W. CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 (Each New Registered Agent signature is required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
1 NAME	BINDLEY, WILLIAM E.		1.2 NAME		
1 STREET ADDRESS	10333 N. MERIDAN ST., STE. 300		1.3 STREET ADDRESS		
1 CITY-ST-ZIP	INDIANPOLIS IN		1.4 CITY-ST-ZIP		
2 TITLE	EVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
2 NAME	WOODARD, WILLIAM		2.2 NAME		
2 STREET ADDRESS	285 W. CENTRAL PKWY., SUITE 1719		2.3 STREET ADDRESS		
2 CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
3 TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
3 NAME	MCCORMICK, MICHAEL D.		3.2 NAME		
3 STREET ADDRESS	10333 N. MERDIAN ST., STE 300		3.3 STREET ADDRESS		
3 CITY-ST-ZIP	INDIANPOLIS IN		3.4 CITY-ST-ZIP		
4 TITLE	EVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
4 NAME	SALENTINE, THOMAS J.		4.2 NAME		
4 STREET ADDRESS	10333 N. MERIDIAN ST., STE. 300		4.3 STREET ADDRESS		
4 CITY-ST-ZIP	INDIANPOLIS IN		4.4 CITY-ST-ZIP		
5 TITLE	PCOO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
5 NAME	MCINTYRE, MELISSA		5.2 NAME		
5 STREET ADDRESS	285 W. CENTRAL PARKWAY, STE. 1719		5.3 STREET ADDRESS		
5 CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP		
6 TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
6 NAME			6.2 NAME		
6 STREET ADDRESS			6.3 STREET ADDRESS		
6 CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: Michael D. McCormick, EVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96
Date

(317) 298-9890
Daytime Phone #