

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 # P09206

(4)

1. Corporation Name

AUL EQUITY SALES CORP.



Principal Place of Business

ONE AMERICAN SQUARE
INDIANAPOLIS IN 46204

Mailing Address

ONE AMERICAN SQUARE
INDIANAPOLIS IN 46204

3. Date Incorporated or Qualified
02/24/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

35-1159900

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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

Signature, typed or printed name of registered agent and dated if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DENNY, DAVID L.
ONE AMERICAN SQUARE
INDIANAPOLIS IN

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
DIRECTOR
BARBRE, JOHN H.
ONE AMERICAN SQUARE
INDIANAPOLIS, IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEMLER, JERRY D.
ONE AMERICAN SQUARE
INDIANAPOLIS IN

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
VP, MARKETING & OFFICER
JENKINS, STEVEN
ONE AMERICAN SQUARE
INDIANAPOLIS, IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WACKER, RICHARD A.
ONE AMERICAN SQUARE
INDIANAPOLIS IN

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
DIRECTOR
BROWN, WILLIAM R.
ONE AMERICAN SQUARE
INDIANAPOLIS, IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MURPHY, JAMES W.
ONE AMERICAN SQUARE
INDIANAPOLIS IN

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAPP, G DAVID
ONE AMERICAN SQUARE
INDIANAPOLIS IN

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHAMPION, DOYLE D
ONE AMERICAN SQUARE
INDIANAPOLIS IN

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

David L. Denny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID L. DENNY, VICE-PRES, ADMIN. 05-03-96

Date

Daytime Phone

CR2E034 (12/95)