


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S81697 (2)</b>		
1. Corporation Name <b>IV-1, INC.</b>		



Principal Place of Business <b>285 W. CENTRAL PKWY. #1719 ALTAMONTE SPRINGS FL 32714</b>	Mailing Address <b>285 W. CENTRAL PKWY. #1719 ALTAMONTE SPRINGS FL 32714</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>09/20/1991</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-3099905</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No *	

9. Name and Address of Current Registered Agent <b>MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714</b>				10. Name and Address of New Registered Agent	
#8 *Included with BWI, Inc. & subsidiaries Intangible Tax Return.				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 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	CEO <input type="checkbox"/> DELETE	1.1 TITLE	Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDLEY, WILLIAM E.	1.2 NAME	William E. Bindley
STREET ADDRESS	10333 N. MERIDIAN ST., STE. 300	1.3 STREET ADDRESS	10333 N. Meridian Street, Ste. 300
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	Indianapolis, IN 46290 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	WOODARD, WILLIAM	2.2 NAME	
STREET ADDRESS	285 W. CENTRAL PKWY., SUITE 1719	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	VP, CFO, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMICK, MICHAEL D.	3.2 NAME	Donald J. Perfetto
STREET ADDRESS	10333 N. MERIDIAN ST., STE 300	3.3 STREET ADDRESS	285 W. Central Parkway, Ste. 1719
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SALENTINE, THOMAS J.	4.2 NAME	
STREET ADDRESS	10333 N. MERIDIAN ST., STE. 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	CEO, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCINTYRE, MELISSA	5.2 NAME	Robert L. Myers
STREET ADDRESS	285 W. CENTRAL PARKWAY, STE. 1719	5.3 STREET ADDRESS	10333 N. Meridian Street, Ste. 300
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	Indianapolis, IN 46290 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, Chairman

1/21/98

3/17/2016

CR2E034 (10/97)

**IV-1, INC**  
**OFFICERS AND DIRECTORS**

William E. Bindley (317) 298-9890	Chairman, Director	1330 Regal Drive Carmel, IN 46032	308-38-2149	10-06-40	IN 8944-58-3839
Michael D. McCormick (317) 298-9890	Secretary, Director	11905 E. 500 S. Zionsville, IN 46077	317-48-9013	03-18-48	IN 8914-22-7679
Thomas J. Salentine (317) 298-9890	Director	13540 Brentwood Lane Carmel, IN 46033	397-36-7231	08-08-39	IN 8906-10-9611
Melissa McIntyre (407) 774-1448	President and Chief Operating Officer	3812 Old Lockwood Oviedo, FL 32765	263-67-8741	10-11-60	FL M 25354560871-0
Robert L. Myers (407) 774-1448	CEO, Director	34 N. Pine Circle Belleair, FL 34616	308-46-2766	05-13-45	FL M 62077245173-0
Donald J. Perfetto (407) 869-7001	VP, CFO, Treasurer	13001 Bell Creek Chase Riverview, FL 33569	316-50-5139	06-06-46	FL P 61319046206-0