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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81697

(2)

IV-1, INC.

Principal Place of Business

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

2. Principal Place of Business

21

Mailing Address

2a. Maiting Address

26

285 W. CENTRAL PKWY, #1719 ALTAMONTE SPRINGS FL 32714

FILED Jan 30 1998 8:00am Secretary of State



Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

09/20/1991

59-3099905

4. FEI Number

City & State Country Country Country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No * 9. Name and Address of Current Registered Agent MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries City & State Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No * 10. Name and Address of New Registered Agent ** ** ** ** ** ** ** ** **	22 Suite, Apt.	<u></u> -	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired		
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No * 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries 84 City FL 85 Zip Code				y & State			6. Election Campaign Financing	\$5.00	May Ba		
24 25 29 30 Personal Property Tax due June 30. Yes No * 9. Name and Address of Current Registered Agent MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries B4 City Thangible Tax Return	23	<u> </u>	28				, , ,	,	- 1		
9. Name and Address of Current Registered Agent MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries B4 City Thangible Tax Return	Zip	Country	Zìp	Cou	ntry		8. This corporation owes or has paid	the current year Int	angible		
9. Name and Address of Current Registered Agent MCINTYRE, MELISSA 285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries Thangible Tax Return 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code	24	25	29	30			Personal Property Tax due June 30. Yes				
285 W. CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries 84 City FL 85 Zip Code		Name and Address of Current Re	gistered Agent	10. Name and Address of New Registered Agent							
SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries 84 City Thtangible Tax Return	MCINTYRE, MELISSA					81 Name					
SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries 84 City Thtangible Tax Return FL 85 Zip Code	OOF MI CENTERAL DARWAY					Street Address (P.O. Roy Number is Not Acceptable)					
*Included with BWI, Inc. & subsidiaries 84 City Thtangible Tax Return						2 direct Address (1.0. box Number is Not Acceptable)					
*Included with BWI, Inc. & subsidiaries 84 City Intangible Tax Return	#8 ALTAMONTE SPRINGS FL 32714					83					
		ded with BWI, Inc.	& subsidia	5 84 City 85 Zip Code							
	Intang	ible Tax Return.				FL					
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.	s registered registered										
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	agent. I a	am familiar with, and accept the obligation	s of, Section 607.0505, F	lorida Stat	utes.	50. po. 400		and appointment do			
SIGNATURE											
Signature, typed or printed name of registered agent and liftle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			<u> </u>		Agent	signature required	*				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CEO DELETE 1.1 TITLE Chairman Director XX Change Additional Chairman Director XX Change Additional Chairman Director XX Change Director XX Change Director XX Change Director XX Change Director D					1.5	1			S IN 12 Addition		
DIADIES INCLINE - CHAILMAN, DILECTOL								XX cumile	Addition		
AAAAA 11 AAMAMAAA AT AAA							William E. Bindley				
minuments in	STREET AODRESS				REET AI		10000 N. Meridian Street, Ste. 30				
CITY-ST-ZIP INDIANPOLIS IN 1.4 CITY-ST-ZIP Indianapolis, IN 46290						ZIP Tr	dianapolis, IN 4	6290			
TITLE EVP XXDELLIE 2.1 TITLE CHange LI Addition	TITLE		XX DEFELE	2.1 TiT	LE			LE Change	L. Addition		
NAME WOODARD, WILLIAM 2.2 NAME	NAME			2.2 NA	ME						
STREET ADDRESS 285 W. CENTRAL PKWY., SUITE 1719 2.3 STREET ADDRESS	STREET ADDRESS		1719	2.3 ST	REET A	DORESS					
CITY-ST-ZIP ALTAMONTE SPRINGS FL 2.4 CITY-ST-ZIP	CITY - ST - ZIP										
	TITLE		□ DELETE	3.1 TIT	LE	VP	, CFO, Treasurer	L Change	XXAddition		
NAME MCCORMICK, MICHAEL D. 32 NAME Donald J. Perfetto	NAME	,		3.2 NA	ME						
STREET ADDRESS 10333 N. MERDIAN ST., STE 300 33 STREET ADDRESS 285 W. Central Parkway, Ste. 1719	STREET ADDRESS			3.3 ST	reet at	DORESS 28	5 W. Central Parky	way, Ste.	1719		
city-st-zip INDIANPOLIS IN 34.city-st-zip Altamonte Springs, Ft, 32714	CITY-ST-ZIP			3.4. CI	TY-ST-	ZIP A1	tamonte Springs. F	FT 32714			
TITLE EVP DELETE 4,1 TITLE Change Addition	TITLE	EVP	☐ DELETE	4,1 TiT	LE			Change	Addition		
NAME SALENTINE, THOMAS J. 4.2 NAME	NAME	SALENTINE, THOMAS J.		4, 2 N/	AME						
STREET ADDRESS 10333 N. MERIDIAN ST., STE. 300 4.3 STREET ADDRESS	STREET ADDRESS	10333 N. MERIDIAN ST., STE. 30	0	4,3 ST	HEET AL	DDRESS					
CITY-ST-ZIP INDIANPOLIS IN 4.4 CITY-ST-ZIP	CITY-ST-ZIP	INDIANPOLIS IN		4.4 CIT	Y-ST-	ZIP					
TITLE PC00 DELETE 5.1 TITLE CEO Director	TITLE	, , , , ,	☐ DELETE) Director	Change	X Addition		
	NAME	MCINTYRE, MELISSA		5.2 NA	ME				l		
295 W CENTRAL PARKANAN CTE 1710 ROBERT L. MYERS	STREET ADDRESS		. 1719	5.3 ST	REET AD	DORESS 100	Dert L. Myers		ł		
AITAMONTE SPRINGS EI						, IU.	งงง N. Meridian St	reet, Sta	e. 300		
		h 1. A. A	☐ DELETE			Inc	lianapolis, IN 46	290 Change	Addition		
NAME 6.2 NAME	NAME			6.2 NA	ME]		
STREET ADDRESS 6.3 STREET ADDRESS				6.3 STI	REET AF	DDRESS			į		
CITY-SI-ZIP 6.4 CITY-ST-ZIP									Ì		
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated on this applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated in Section 119.07(3)(i) applied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated in Section 119.07(3)(i) applied with the information indicated in Section 119.07(3)(i) applied with the info	14. I hereby o	certify that the information supplied with th	is filing does not qualify	for the exe	mptic	n stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	irther certify that the	information		

indicated on this armulai report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am are 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, of on an attachment with an address.

1/21/98

317 216 6261

IV-1, INC OFFICERS AND DIRECTORS

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