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

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #** WEST LAFAYETTE CORPORATION Principal Place of Business ONE GREAT LAKES BLVD. PO BOX 2200 WEST LAFAYETTE IN 47908 2. Principal Place of Business Suite, Apt. #, etc 22 City & State 23 Ζıρ 24 25 1201 HAYS STREET SUITE 105

ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

P06543

Mailing Address

(3)

FILED May 07 1998 8:00am Secretary of State



ONE GREAT LAKES BLVD. PO BOX 2200 WEST LAFAYETTE IN 47806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/25/1985 2a. Mailing Address 4. FEI Number Applied For 94-1581540 26 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. R1 Name Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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, typod or printed name of registered agriot and title if applicable (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE SWEVAL, MARK 1.2 NAME NAME ONE GREAT LAKES BLVD. STREET ADDRESS 1.3 STREET ADDRESS **WEST LAFAYETTE IN 47906** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MCCLANAHAN, MARY P. NAME 2.2 NAME ONE GREAT LAKES BLVD. STREET ADDRESS 2.3 STREET ADDRESS **WEST LAFAYETTE IN 47906** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TATLE 31 TITLE **BUELL, DAVID** NAME 3.2 NAME ONE GREAT LAKES BLVD. 3.3 STREET ADDRESS STREET ADDRESS **WEST LAFAYETTE IN 47906** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE HALL, D.A. 4. 2 NAME NAME ONE GREAT LAKES BLVD. STREET ADDRESS 4.3 STREET ADDRESS **WEST LAFAYETTE IN 47908** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE FERGUSON, RICHARD R. NAME 5.2 NAME ONE GREAT LAKES BLVD. STREET ADDRESS 5.3 STREET ADDRESS **WEST LAFAYETTE IN 47906** 5.4 CITY-ST-ZIP CFTY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TITLE SCOTT, MICHAEL D. NAME 6.2 NAME ONE GREAT LAKES BLVD. 6.3 STREET ADDRESS STREET ADDRESS **WEST LAFAYETTE IN 47906** 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:

Millan

4/16/98

(765) 497-6100