

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91083 018 ***150.00

DOCUMENT # P09206

1. Entity Name

AUL EQUITY SALES CORP.

Principal Place of Business

Mailing Address

**ONE AMERICAN SQUARE
 INDIANAPOLIS IN 46204**

**ONE AMERICAN SQUARE
 INDIANAPOLIS IN 46204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **35-1159900**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☒ Addition
 NAME **JOSEPH URBAN**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282** ☐ Change ☐ Addition

TITLE **CBOD** ☐ Delete
 NAME **RADCLIFFE, R STEPHEN**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **T** ☐ Change ☒ Addition
 NAME **CONSTANCE LUND**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

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

TITLE **T** ☐ Change ☒ Addition
 NAME **CONSTANCE LUND**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

TITLE **T** ☒ Delete
 NAME **MURPHY, JAMES W.**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **VP** ☐ Change ☒ Addition
 NAME **DAYTON MOLENDORP**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

TITLE **P** ☒ Delete
 NAME **BOYD, JOHN K 111**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

TITLE **VP** ☐ Change ☒ Addition
 NAME **ROBERT SCOTT**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

TITLE **D** ☒ Delete
 NAME **MOLENDORP, DAYTON H**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **VP** ☐ Change ☒ Addition
 NAME **RACHEL TOMASEK**
 STREET ADDRESS **ONE AMERICAN SQUARE**
 CITY-ST-ZIP **INDIANAPOLIS IN 46282**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Urban

JOSEPH URBAN

05/02/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)