

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000106349

**Entity Name:** MCS INVESTMENTS GENERAL PARTNER, INC.

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**FILED**  
**Apr 04, 2024**  
**Secretary of State**  
**5149740814CC**

**Current Mailing Address:**

225 W. WASHINGTON ST.  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 63-1189875

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name FIVEL, STEVEN E.  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COB  
Name SIMON, DAVID  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIR, VP  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name RULLI, JOHN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COO AND EVP  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name BROAS, MATTHEW  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name KELLY, KEVIN M  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name FREY, DONALD G  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN E. FIVEL**

**SECRETARY**

**04/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date