

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S70072

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC2288041947**

**Entity Name:** MCS INVESTMENTS OF FLORIDA, INC.

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

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

**FEI Number:** 63-1048988

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           DIRECTOR, PRESIDENT  
Name           KLEIN, JOHN  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           DIRECTOR, VP  
Name           STERRETT, STEPHEN E.  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           SECRETARY  
Name           BARKLEY, JAMES M.  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           VP  
Name           BROADWATER, STEVEN K.  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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

Title           TREASURER  
Name           JUSTER, ANDREW  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           CEO, CHAIRMAN OF THE BOARD  
Name           SIMON, DAVID  
Address        225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title           VP  
Name           SOKOLOV, RICHARD S.  
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

**AUTHORIZED  
SIGNATORY**

**04/21/2014**

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

\_\_\_\_\_  
Date