

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000002806

**FILED  
Apr 28, 2017  
Secretary of State  
CC6934388262**

**Entity Name:** ALPHA EPSILON PI FRATERNITY, INC.

**Current Principal Place of Business:**

8815 WESLEYAN ROAD  
INDIANAPOLIS, IN 46268

**Current Mailing Address:**

8815 WESLEYAN ROAD  
INDIANAPOLIS, IN 46268 US

**FEI Number: 43-0769468**

**Certificate of Status Desired: No**

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC  
155 OFFICE PLAZA DRIVE, 1ST FLOOR  
TALLAHASSEE, FL 32301 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 P  
Name COHON, SCOTT  
Address 8815 WESLEYAN ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

Title VP  
Name FISHEL, MICHAEL  
Address 8815 WESLEYAN ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

Title S  
Name JACOBSON, JEFF  
Address 8815 WESLEYAN ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

Title T  
Name OSHINS, JASON  
Address 8815 WESLEYAN ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

Title COMPTROLLER  
Name LORE, RACHELLE M  
Address 8815 WESLEYAN ROAD  
City-State-Zip: INDIANAPOLIS IN 46268

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RACHELLE M LORE**

**CONTROLLER**

**04/28/2017**

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

\_\_\_\_\_  
Date