

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003122

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC7916884256**

**Entity Name:** SENEX SERVICES CORP.

**Current Principal Place of Business:**

3333 FOUNDERS ROAD  
2ND FLOOR  
INDIANAPOLIS, IN 46268

**Current Mailing Address:**

3333 FOUNDERS ROAD  
2ND FLOOR  
INDIANAPOLIS, IN 46268

**FEI Number:** 35-2035698

**Certificate of Status Desired:** No

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

CT 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            PRESIDENT, DIRECTOR  
Name            RYE, BENJAMIN P  
Address        3333 FOUNDERS ROAD, 2ND FLOOR  
City-State-Zip: INDIANAPOLIS IN 46268

Title            SECRETARY, TREASURER,  
DIRECTOR  
Name            GREVE, GERALD V  
Address        3333 FOUNDERS ROAD, 2ND FLOOR  
City-State-Zip: INDIANAPOLIS IN 46268

Title            VP, DIRECTOR  
Name            LOVE, MARCELLOUS  
Address        3333 FOUNDERS ROAD, 2ND FLOOR  
City-State-Zip: INDIANAPOLIS IN 46268

Title            DIRECTOR  
Name            RYE, JONATHAN P  
Address        3333 FOUNDERS ROAD, 2ND FLOOR  
City-State-Zip: INDIANAPOLIS IN 46268

Title            OFFICER, DIRECTOR  
Name            CAVINS, TIMOTHY J  
Address        3333 FOUNDERS ROAD  
2ND FLOOR  
City-State-Zip: INDIANAPOLIS IN 46268

Title            OFFICER, DIRECTOR  
Name            JOBE, CLAYTON L  
Address        3333 FOUNDERS ROAD  
2ND FLOOR  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD V GREVE

**SECRETARY**

**02/14/2017**

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

\_\_\_\_\_  
Date