

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003122

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	VP, DIRECTOR
Name	LOVE, MARCELLOUS
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	SECRETARY, TREASURER, DIRECTOR
Name	GREVE, GERALD V
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	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