2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000004001

Entity Name: HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C.

CORPORATION

Current Principal Place of Business:

500 NORTH MERIDIAN STREET SUITE 400

INDIANAPOLIS, IN 46204

Current Mailing Address:

500 NORTH MERIDIAN STREET SUITE 400

INDIANAPOLIS, IN 46204 US

FEI Number: 35-1427161 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

FILED Mar 30, 2019

Secretary of State

2958301314CC

Officer/Director Detail:

Title **PRESIDENT** CHAIRMAN OF THE BOARD/OFFICER Title

THOMPSON, WILLIAM H. Name RYAN, JOHN Name

500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET Address SUITE 400

SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY Title **TREASURER**

Name STELLA, KEVIN Name BACHMANN, FRED

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip: City-State-Zip:

DIRECTOR, VP Title Title DIRECTOR Name HEATH, TERRY Name BERLIN, BILL

Address 500 N. MERIDIAN ST. Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR Title **DIRECTOR**

Name BETNER, BRIAN C. Name DEVAUX, ARTHUR F.

500 NORTH MERIDIAN STREET 500 NORTH MERIDIAN STREET Address Address

SUITE 400 SUITE 400

INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip: City-State-Zip:

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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.

03/30/2019 SIGNATURE: FRED BACHMANN **TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name KAHN, JOSEPH M.

Address 500 NORTH MERIDIAN STREET

SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR

Name SKEELS, JENNIFER

Address 500 NORTH MERIDIAN STREET

SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR

Name NOVA, TODD A.

Address 500 NORTH MERIDIAN STREET

SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204