

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000000305

Entity Name: M.S. MANAGEMENT ASSOCIATES, INC.**Current Principal Place of Business:**225 W WASHINGTON ST
INDIANAPOLIS, IN 46204**Current Mailing Address:**C/O CORPORATE PARALEGAL, P.O. BOX7033
INDIANAPOLIS, IN 46207-7033 US**FEI Number: 35-1904948****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 DIR, PRES, COB, CEO
Name SIMON, DAVID
Address 225 W WASHINGTON ST
City-State-Zip: INDIANAPOLIS IN 46204

Title DPCOO
Name SOKOLOV, RICHARD S
Address 225 W WASHINGTON ST
City-State-Zip: INDIANAPOLIS IN 46204

Title POMCAO
Name RULLI, JOHN
Address 225 W WASHINGTON ST
City-State-Zip: INDIANAPOLIS IN 46204

Title EVP, CFO, T
Name MCDADE, BRIAN
Address 225 W WASHINGTON ST
City-State-Zip: INDIANAPOLIS IN 46204

Title VP
Name THYGESEN, MIKAEL
Address 225 W WASHINGTON ST
City-State-Zip: INDIANAPOLIS IN 46204

Title SL
Name MURRAY, DENISE J
Address 100 BRIARWOOD CIR
City-State-Zip: ANN ARBOR MI 48108

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

Title AS
Name SNYDER, ALEXANDER L.W.
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 SIGNATOR 06/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date