

**2018 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. BOX 7033  
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 DCBCEO  
Name SIMON, DAVID  
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 SVPT  
Name MCDADE, BRIAN  
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 DPCOO  
Name SOKOLOV, RICHARD S  
Address 225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS IN 46204

Title EVPCFO  
Name JUSTER, ANDREW  
Address 225 W WASHINGTON ST  
City-State-Zip: INDIANAPOLIS FL 46204

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

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

**Continues on page 2**

*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 PERSON****04/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	AS
Name	SNYDER, ALEXANDER L.W.
Address	225 W WASHINGTON ST
City-State-Zip:	INDIANAPOLIS IN 46204