

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000000820

**Entity Name:** AMERICAN IMAGING MANAGEMENT, INC.

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204

**FEI Number:** 36-3692630

**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 P  
Name CADY, BRANDON WP  
Address 8600 WEST BRYN MAWR AVENUE  
SOUTH TOWER, SUITE 800  
City-State-Zip: CHICAGO IL 60631

Title S  
Name KIEFER, KATHLEEN S  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title T  
Name KRETSCHMER, DAVID T  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title D  
Name DEVEYDT, WAYNE SD  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title D  
Name KELAGHAN, CATHERINE I.  
Address 120 MONUMENT CIRCLE  
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:** KATHLEEN S KIEFER

**SECRETARY**

**05/01/2015**

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

\_\_\_\_\_  
Date