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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822541 (9)
1. Corporation Name
THE GILBERT COMPANIES, INC., AN INDIANA CORPORAT
ION



Principal Place of Business Mailing Address
700 S COUNCIL ST 700 S COUNCIL ST
P O BOX 1032 P O BOX 1032
MUNCIE INDIANA 47308-8032 MUNCIE INDIANA 47308-1032

3. Date Incorporated or Qualified 03/21/1969 3a. Date of Last Report 04/22/1996
4. FEI Number 35-0806349 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE VSTD ☒ DELETE
NAME KOKORELIS, WILLIAM
STREET ADDRESS 700 S COUNCIL STREET
CITY- ST- ZIP MUNCIE IN
TITLE VPD ☐ DELETE
NAME HINDS, DANNY
STREET ADDRESS 700 S COUNCIL STREET
CITY- ST- ZIP MUNCIE IN
TITLE D ☒ DELETE
NAME WEBSTER, DAVID W.
STREET ADDRESS 1010 MAIN ST.
CITY- ST- ZIP ELKHART IN
TITLE D ☒ DELETE
NAME GILBERT, J. G.
STREET ADDRESS 700 S COUNCIL STREET
CITY- ST- ZIP MUNCIE IN
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/T/D ☐ Change ☒ Addition
1.2 NAME Townsend, Gary
1.3 STREET ADDRESS 700 S. Council Street
1.4 CITY- ST- ZIP Muncie, IN 47305
2.1 TITLE VP/S/D ☒ Change ☐ Addition
2.2 NAME Hinds, Danny
2.3 STREET ADDRESS 700 S. Council
2.4 CITY- ST- ZIP Muncie, IN 47305
3.1 TITLE C ☐ Change ☒ Addition
3.2 NAME Townsend, Phillip
3.3 STREET ADDRESS 700 S. Council Street
3.4 CITY- ST- ZIP Muncie, IN 47305
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny J. Hinds, VP/S/D 5/15/97 765/284-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)