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Apr 14, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 832545

1. Corporation Name
HUBER, HUNT & NICHOLS, INC.

Principal Place of Business: 2450 SOUTH TIBBS AVENUE, POST OFFICE BOX 128, INDIANAPOLIS IN 46206
 Mailing Address: 250 E 96TH ST, 415, INDIANAPOLIS IN 46240, US



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/18/1974
 4. FEI Number: 35-0785336, Applied For (checkbox), Not Applicable (checkbox)
 5. Certificate of Status Desired (checkbox), \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution (checkbox), \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. (checkbox) Yes, (checkbox) No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HUNT, R.C.	
STREET ADDRESS	426 N 44TH ST #410	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VSC	<input type="checkbox"/> DELETE
NAME	LEWIS, J J	
STREET ADDRESS	6340 LAWRENCE DR	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HUNT, R.G.	
STREET ADDRESS	11675 PROMONTORY TR	
CITY-ST-ZIP	ZIONSVILLE IN	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	KERR, J R	
STREET ADDRESS	123 ULEN BLVD	
CITY-ST-ZIP	LEBANON IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERR, M D	
STREET ADDRESS	207 WOODLAND LN	
CITY-ST-ZIP	CARMEL IN	
TITLE	VCAO	<input type="checkbox"/> DELETE
NAME	SCHUSTER, R E	
STREET ADDRESS	12727 PORTAGE WAY	
CITY-ST-ZIP	FISHERS IN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6808 East Cuarenta Court
3.4 CITY-ST-ZIP	Paradise Valley, AZ 85253
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EVP
4.3 STREET ADDRESS	Mullen, W.F.
4.4 CITY-ST-ZIP	848 Wilderness Lane Greenwood, IN 46142
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

R. Schuster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.E. Schuster, V.P. & CAO

3/26/99

(317) 575-6301

Date

Daytime Phone #

CR2E034 (1/98)