


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 836649 1. Entity Name KITE, INC.	
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Principal Place of Business 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS IN 46204	Mailing Address 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS IN 46204
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04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1186336

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KITE, ALVIN E 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KITE, PAUL W 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITE, JOHN A 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD MCGOWAN, THOMAS K 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SINK, DANIEL R 30 SOUTH MERIDIAN STREET, SUITE 1100 INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000118486
04/19/04-80061-020 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Alvin E. Kite CEO

04-13-04

317-577-5600