

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90040 040 ***158.75

DOCUMENT # 836649

1. Entity Name
KITE, INC.



Principal Place of Business
**6610 N. SHADELAND AVE., STE. 200
INDIANAPOLIS IN 46220**

Mailing Address
**6610 N. SHADELAND AVE., STE. 200
INDIANAPOLIS IN 46220**



2. Principal Place of Business
30 South Meridian Street

3. Mailing Address
30 South Meridian Street

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.
Suite 1100

City & State
Indianapolis, IN

City & State
Indianapolis, IN

Zip Country
46204 USA

Zip Country
46204 USA

4. FEI Number **35-1186336**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 6610 N. SHADELAND AVE., STE. 200 INDIANAPOLIS IN 46220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KITE, PAUL W 6610 N. SHADELAND AVE., STE. 200 INDIANAPOLIS IN 46220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KITE, JOHN A 6610 N. SHADELAND AVE., STE. 200 INDIANAPOLIS IN 46220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDP MCGOWAN, THOMAS K 6610 N. SHADELAND AVE., STE. 200 INDIANAPOLIS IN 46220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SINK, DANIEL R 6610 N. SHADELAND AVE., STE. 200 INDIANAPOLIS IN 46220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 South Meridian Street, Suite 1100 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 South Meridian Street, Suite 1100 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 South Meridian Street, Suite 1100 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 South Meridian Street, Suite 1100 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 30 South Meridian Street, Suite 1100 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Daniel R Sink, Treasurer** 4/7/03 (317) 577-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)