# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 JUN 19 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839877

1. Entity Name
THE BRAUN CORPORATION OF INDIANA

04282006 Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 631 WEST 11TH STREET<br>WINAMAC, IN 46996 | 631 WEST 11TH STREET<br>WINAMAC, IN 46996 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 35-1282638 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BECK, KARL<br>5072 113TH AVENUE NORTH<br>CLEARWATER, FL 33760 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $61.25**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEO<br>BRAUN, RALPH W<br>631 WEST 11TH STREET<br>WINAMAC, IN 46996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100076711331<br>06/29/06--01042--012 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROTH, WILLIAM R<br>631 WEST 11TH STREET<br>WINAMAC, IN 46996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>~~LARKIN, LARRY~~<br>631 WEST 11TH STREET<br>WINAMAC, IN 46996 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | dv<br>Thomas Eastman<br>631 W. 11th St.<br>Winamac, IN 46996<br>☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>JOHNSON, BRAD<br>631 WEST 11TH STREET<br>WINAMAC, IN 46996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Richard L. Scheffer<br>631 W. 11th St., Winamac, IN 46996 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JC 6/21<br>☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Brad Johnson, General Counsel, Secretary 5/1/06 574 946-4139 Ext. 3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #