

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 840274

1. Entity Name
GENE B. GLICK COMPANY, INC.



Principal Place of Business
**8425 WOODFIELD CROSSING BLVD
SUITE 300W
INDIANAPOLIS, IN 46240**

Mailing Address
**P.O. BOX 40177
INDIANAPOLIS, IN 46240**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number **35-0924178** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000530378
05/05/06-80113-020 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLICK, EUGENE B
STREET ADDRESS	215 WILLIAMS CT
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	VD
NAME	GLICK, MARILYN
STREET ADDRESS	215 WILLIAMS CT
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	VS
NAME	BISESI, JAMES T (ASST)
STREET ADDRESS	8517 SEAWARD LANE
CITY-ST-ZIP	INDIANAPOLIS, IN
TITLE	VT
NAME	SMITH, ANITA S
STREET ADDRESS	7521 DEAN ROAD
CITY-ST-ZIP	INDIANAPOLIS, IN 46240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita S. Smith

4/20/06

317/469-0400
Daytime Phone #