

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 029 \*\*\*150.00

**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**

**40075896**



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	8617 SEAWARD LANE
CITY - ST - ZIP	INDIANAPOLIS, IN
TITLE	VT
NAME	SMITH, ANITA S
STREET ADDRESS	7521 DEAN ROAD
CITY - ST - ZIP	INDIANAPOLIS, IN 46240

**DO NOT WRITE  
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:**

*Anita S. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anita S. Smith**

**4/19/07**

Date

**317/469-0400**

Daytime Phone #