

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 848800 (9)

1. Corporation Name

THE INTER DESIGN GROUP, INCORPORATED



Principal Place of Business

**2600 ONE INDIANA SO
INDIANAPOLIS IN 46204**

Mailing Address

**2600 ONE INDIANA SO
INDIANAPOLIS IN 46204**

3. Date Incorporated or Qualified
04/09/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

35-1334220

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

25

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8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

DATE Registered Agent begins registration (enter in MM/DD/YYYY)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOWARD, PHILLIP G.	
STREET ADDRESS	2380 WOODSWAY DR.	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLUM, JOEL P.	
STREET ADDRESS	2029 FOXCLIFF NORTH	
CITY-ST-ZIP	MARTINSVILLE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PACKARD, ALLEN J.	
STREET ADDRESS	3722 OAKLEAF DRIVE	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAMES, ALFRED	
STREET ADDRESS	15202 ROMAN CT.	
CITY-ST-ZIP	CARMEL IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SWEET, DAVID C	
STREET ADDRESS	2462 WILLOW ST	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARBOZA, WENDY L	
STREET ADDRESS	574 ARBOR DR	
CITY-ST-ZIP	CARMEL IN 46032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wendy L. Barboza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96

317-263-9655

CR2E034 (12/95)