2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # F00000001111 1. Entity Name S&B CONSTRUCTION COMPANY SOUTHEAST, INC. Principal Place of Business Mailing Address 201 NORTH ILLINOIS STREET, 23RD FLOOR 201 NORTH ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 03102005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-1802719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees. 10. OFFICERS AND DIRECTORS TITLE COOPER, WILLIAM E NAME STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR CITY-ST-ZIP INDIANAPOLIS, IN 46204 STCD TITLE BROADBENT, GEORGE P NAME 1000000288597 STREET ADDRESS 201 NORTH ILLINOIS STREET, 23RD FLOOR 04/05/05-80016-008 150.00 City-St-ZIP INDIANAPOLIS, IN 46204 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 OF DIRECTOR

3/14/05 317-237-290

FILED