2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 27, 2008 8:00 am **Secretary of State** DOCUMENT # F00000001147 1. Entity Name 03-27-2008 90028 012 ***150 00 JACKSONVILLE FLEMING 501 MANAGEMENT, INC. Principal Place of Business Mailing Address 117 EAST WASHINGTON STREET 117 EAST WASHINGTON STREET 400000200 INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 117 EAST WASHINGTON STREET 117 EAST WASHINGTON STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number INDIANAPOLIS, IN INDIANAPOLIS, IN 35-2099866 Not Applicable Zip 46204-3614 Country Country \$8.75 Additional 5. Certificate of Status Desired 46204 MARION Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registared agent and title 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. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PCSD TITLE ☐ Delete TITLE ☐ Addition NAME BROADBENT, GEORGE P NAME 117 EAST WASHINGTON STREET 201 N. ILLINOIS STREET, 23RD FLOOR STREET ADDRESS STREET ADDRESS INDIANAPOLIS, IN 46204 CITY-ST-ZIP INDIANAPOLIS, IN 46204 CITY-ST-ZIP TITLE ☐ Delete TITL F X Change ■ Addition BRADLEY, JOYCE A NAME NAME 117 EAST WASHINGTON STREET STREET ADDRESS 201 N. ILLINOIS STREET, 23RD FLOOR STREET ADDRESS INDIANAPOLIS, IN 46204 INDIANAPOLIS, IN 46204 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Change ___ _ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE IIR.E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 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.

SIGNIFURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. Sec. Date

SIGNATURE 24

FILED