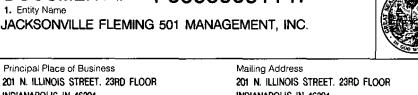
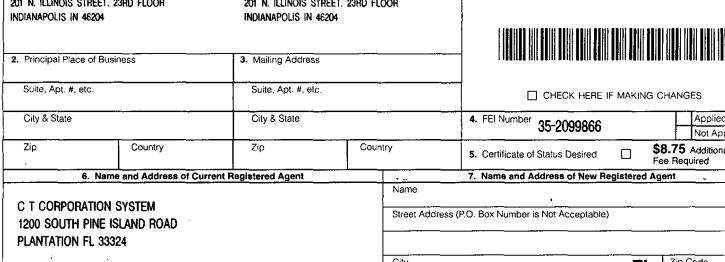
## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90308 040 \*\*\*150.00

CITY-ST-ZIP

F00000001147





☐ CHECK HERE IF MAKING CHANGES Applied For 35-2099866 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 appl	licable. (NOT	E: Registered Agent signature requ	rired when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee			
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES	TO OFFICERS AND D	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD BROADBENT, GEORGE P 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS IN 46204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, JOYCE A 201 N. ILLINOIS STREET, 23RD FLOOR INDIANAPOLIS IN 46204	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		ا بید	Change	Addjition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME		☐ Delete	TITLE NAME CTREET ADDRESS		<u> </u>	Change	Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.