## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 26, 2002 8:00 am F00000002458 DOCUMENT # Secretary of State 1. Entity Name 02-26-2002 90077 046 \*\*\*150 00 **UAFC-1 CORPORATION** Principal Place of Business Mailing Address 9240 BONITA BEACH ROAD, SUITE 1109-D 9240 BONITA BEACH ROAD. SUITE 1109-D **BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 31-1703837 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Delete TITLE GRAZIANI, LEEANNE W NAME NAME Ervin, Lee N. 9240 BONITA BEACH ROAD, SUITE 1109-D STREET ADDRESS STREET ADDRESS 250 N. Shadeland Avenue **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Indianapolis, IN 46219 Addition VSAT ☐ Delete TITLE HUERTA, DAWN M NAME Brown, Rick A. 9240 BONITA BEACH ROAD, SUITE 1109-D STREET ADDRESS STREET ADDRESS 250 N. Shadeland Avenue **BONITA SPRINGS FL 34135** CITY-ST-ZIP CITY-ST-ZIP Indianapolis, IN 46219 ☐ Change Addition TITLE Delete TITLE von Deylen, Jerry D NAME NAME West, Thomas M. 45 N PENNSYLVANIA STREET STREET ADDRESS STREET ADDRESS 695 E. Main Street, 3rd Floor INDIANAPOLIS IN 46204 CITY-ST-ZIP CITY-ST-ZIP Stamford, CF 06904 Change ☐ Addition X Delete TITLE TITLE STAINBROOK, JOHN M NAME NAME 250 N. SHADELAND AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN 46219 CITY-ST-ZIP X Change Addition TITLE ☐ Delete TITLE Hokanson, Stephen P. HOKANSON, STEPHEN P NAME NAME

13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

□ Delete

Leeanne.W. Graziani Q President OF SIGNING OFFICER OR DIRECTOR

107 N. PENNSYLVANIA STREET, SUITE 800

INDIANAPOLIS IN 46204

1205 N. SCHULZ ROAD

FENWICK ISLAND DE 19944

ANDREWS, DAVID P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

2809 Silverleaf Lane

Naples, FL 34105

Daytime Phone #

Change

☐ Addition