

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90067 010 ***150.00

FORM 10-A

DOCUMENT # F01000000081

1. Entity Name

PROFESSIONAL DATA MANAGEMENT AGAIN, INC.

Principal Place of Business

**9229 DELEGATES ROW, SUITE 400
 INDIANAPOLIS IN 46240**

Mailing Address

**9229 DELEGATES ROW, SUITE 400
 INDIANAPOLIS IN 46240**



2. Principal Place of Business

9229 Delegates Row

3. Mailing Address

9229 Delegates Row

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

Suite 240

City & State

Indianapolis, IN

City & State

Indianapolis, IN

Zip

46240

Country

Zip

46240

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

**35-2126362
 APPLIED FOR**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	WAGNER, TIMOTHY L	
STREET ADDRESS	9229 DELEGATES ROW, SUITE 400 240	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WAGNER, TIMOTHY L	
STREET ADDRESS	9229 DELEGATES ROW, SUITE 400 240	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	RICHARD A. BRIGGS	
STREET ADDRESS	9229 DELEGATES ROW, STE 240	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

RICHARD A. BRIGGS

2/11/02

(317) 844-7750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)