

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000002605

FILED
Mar 10, 2003
Secretary of State

Entity Name: DUKE BUSINESS CENTERS CORPORATION

Current Principal Place of Business:

600 EAST 96TH STREET, SUIBE 100
INDIANAPOLIS, IN 46240

New Principal Place of Business:

600 EAST 96TH STREET, SUITE 100
INDIANAPOLIS, IN 46240

Current Mailing Address:

3950 SHACKLEFORD ROAD, SUITE 300
DULUTH, GA 30096

New Mailing Address:

FEI Number: 35-2123922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURK, GARY A
Address: 600 EAST 96TH STREET, SUITE 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: VD () Delete
Name: ZINK, DARELL E JR.
Address: 600 EAST 96TH STREET, SUIBE 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: S () Delete
Name: GASKIN, JOHN R
Address: 3950 SHACKLEFORD ROAD, SUITE 300
City-St-Zip: DULUTH, GA 30096

Title: V () Delete
Name: OKLAK, DENNIS D
Address: 600 EAST 96TH STREET, SUIBE 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: V () Delete
Name: FEINSAND, HOWARD L
Address: 3950 SHACKLEFORD ROAD, SUITE 300
City-St-Zip: DULUTH, GA 30096

Title: V (X) Delete
Name: HORN, RICHARD W
Address: 3950 SHACKLEFORD ROAD, SUITE 300
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R. GASKIN

S

03/10/2003

Electronic Signature of Signing Officer or Director

_____ Date