


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001175 1. Entity Name OCMC, INC.	
--	---

Principal Place of Business 801 CONGRESSIONAL BLVD. CARMEL, IN 46032	Mailing Address 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
--	--

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0005925	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000474929 04/04/06-80044-001 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PENCE, JOSEPH A 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WECHTER, LARRY S 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERNARD, ANN C 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMKE, RAMON L 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, KEVIN E 801 CONGRESSIONAL BLVD. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: <u>Lester E</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2-22-06 <small>Date</small>	317-843-1300 <small>Daytime Phone #</small>
---	--------------------------------	--