

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003174

1. Entity Name
KEY-ART PUBLISHING CORPORATION



Principal Place of Business
**6415 CASTLEWAY W. DRIVE, SUITE 201
INDIANAPOLIS, IN 46250**

Mailing Address
**6415 CASTLEWAY WEST DRIVE
STE 201
INDIANAPOLIS, IN 46250**



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1981380

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	JOHNSON, DANIEL S
STREET ADDRESS	6415 CASTLEWAY WEST DRIVE
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	TD
NAME	JOHNSON, JEFFREY P
STREET ADDRESS	6415 CASTLEWAY WEST DRIVE
CITY-ST-ZIP	INDIANAPOLIS, IN 46250
TITLE	D
NAME	HOFMOCKEL, JAMES
STREET ADDRESS	311 SOUTH WACKER DRIVE STE. 550
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	MCINERNEY, JOSEPH
STREET ADDRESS	311 SOUTH WACKER DRIVE STE. 550
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	DICK, ROLLIN M
STREET ADDRESS	9085 EAST STATE ROAD 334
CITY-ST-ZIP	ZIONSVILLE, IN 46077
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000434007
02/24/06-80041-008 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-06 (317)570-4040
Date Daytime Phone