

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003257

FILED
Jan 04, 2005
Secretary of State

Entity Name: MORRISON GALLIHER, INC.

Current Principal Place of Business:

3301 W. PURDUE AV.
MUNCIE, IN 47304

New Principal Place of Business:

Current Mailing Address:

PO BOX 687
WABASH, IN 46992

New Mailing Address:

FEI Number: 35-1693374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301 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: C () Delete
Name: BEAUCHAMP, ROBERT W
Address: 231 W. CANAL ST
City-St-Zip: WABASH, IN 46992

Title: VPD () Delete
Name: SQUIRES, FREDERICK H
Address: 231 W. CANAL ST
City-St-Zip: WABASH, IN 46992

Title: VPD () Delete
Name: WEBSTER, BRENT
Address: 3301 W. PURDUE AV.
City-St-Zip: MUNCIE, IN 47304

Title: VPD () Delete
Name: DAUGHTRY, HAROLD L
Address: 231 W CANAL ST
City-St-Zip: WABASH, IN 46992

Title: PT () Delete
Name: BEAUCHAMP, MICHAEL J
Address: 231 W CANAL ST
City-St-Zip: WABASH, IN 46992

Title: VPD () Delete
Name: MCSPADDEN, LARRY D
Address: 311 S BUFFALO ST
City-St-Zip: WARSAW, IN 46580

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
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Address:
City-St-Zip:

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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: DEANNE CLIFTON, LICENSING COORDINATOR

LC

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date