

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003257

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: BEAUCHAMP & MCSPADDEN, INC.

**Current Principal Place of Business:**

231 W CANAL STREET  
WABASH, IN 46992 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: LICENSING  
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.  
515 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BEAUCHAMP, ROBERT W  
Address: 231 W. CANAL ST  
City-St-Zip: WABASH, IN 46992

Title: VPS  
Name: MCSPADDEN, JOSEPH W  
Address: 231 W CANAL ST  
City-St-Zip: WABASH, IN 46992

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT W BEAUCHAMP

C

03/09/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date