

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90097 013 ***150.00

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1. Entity Name
MORRISON GALLIHER, INC.

Principal Place of Business
**3301 W. PURDUE AV.
MUNCIE IN 47304**

Mailing Address
**3301 W. PURDUE AV.
MUNCIE IN 47304**



2. Principal Place of Business

3. Mailing Address

P. O. Box 687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
WABASH, IN

4. FEI Number **35-1693374**

Applied For
Not Applicable

Zip

Country

Zip **46992-0687** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, ROBERT W	
STREET ADDRESS	231 W. CANAL ST	
CITY-ST-ZIP	WABASH IN 46992	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SQUIRES, FREDERICK H	
STREET ADDRESS	231 W. CANAL ST	
CITY-ST-ZIP	WABASH IN 46992	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEBSTER, BRENT	
STREET ADDRESS	3301 W. PURDUE AV.	
CITY-ST-ZIP	MUNCIE IN 47304	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAUGHTRY, HAROLD L	
STREET ADDRESS	231 W CANAL ST	
CITY-ST-ZIP	WABASH IN 46992	
TITLE	PT	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, MICHAEL J	
STREET ADDRESS	231 W CANAL ST	
CITY-ST-ZIP	WABASH IN 46992	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCSPADDEN, LARRY D	
STREET ADDRESS	311 S BUFFALO ST	
CITY-ST-ZIP	WARSAW IN 46580	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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]* **3/14/03** **260-563-8821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)