2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004
Secretary of State

DOCUMENT# F03000001071

Entity Name: FRIENDS EXTENSION CORPORATION

Current Principal Place of Business:

101 QUAKER HILL DR
RICHMOND, IN 47374

New Principal Place of Business:

Current Mailing Address:

101 QUAKER HILL DR
RICHMOND, IN 47374

New Mailing Address:

FEI Number: 35-6044397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	S	( ) Delete
Name:	BAKER, LAWRENCE E	
Address:	1334 RIDGE ROAD	
City-St-Zip:	WILMINGTON, OH 45177	
Title:	T	( ) Delete
Name:	BELL, JOHN D	
Address:	1178 W. STATE ROAD 38	
City-St-Zip:	SHERIDAN, IN 46069	
Title:	VC	( ) Delete
Name:	CARTER, C. WAYNE	
Address:	425 SIMMONS ST	
City-St-Zip:	PLAINFIELD, IN 46168	
Title:	D	( ) Delete
Name:	COMER, MARY LEE	
Address:	11 WOODFIELD PLACE	
City-St-Zip:	DANVILLE, IN 46122	
Title:	T	( ) Delete
Name:	GARNER, DON	
Address:	471 W 1125 S	
City-St-Zip:	FAIRMONT, IN 46928	
Title:	C	( ) Delete
Name:	WILSON, ROBERT	
Address:	6870 ROLLINGWOOD DE	
City-St-Zip:	CLEMMONS, NC 27012	

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
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ADM.	(X) Change ( ) Addition
Name:	SMITH, PAUL	
Address:	101 QUAKER HILL DRIVE	
City-St-Zip:	RICHMOND, IN 47374	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL SMITH ADM 03/12/2004

Electronic Signature of Signing Officer or Director — Date