

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001071

FILED
Jan 04, 2005
Secretary of State

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

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:

Title: () Change () Addition
Name:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL J. SMITH

ADM.

01/04/2005

Electronic Signature of Signing Officer or Director

Date