2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # F03000002478 06-03-2008 90001 016 ***550.00 1. Entity Name AUTÓBASE, INC. Principal Place of Business Mailing Address 41110100 201 WEST 103RD STREET 201 WEST 103RD STREET SUITE 600 SUITE 600 INDIANAPOLIS, IN 46290 INDIANAPOLIS, IN 46290 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 150 Granby 150 Granby Street Suite, Apt. #, etc Suite, Apt. #, etc. 01292008 CR2E034 (12/06) City & State Noralk, Virginia 4. FEI Number Applied For 35-1896903 Not Applicable inia Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 23510 LSA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent orporation System CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1200 Scath Pine / Stand Road 1201 HAYS STREET TALLAHASSEE, FL 32301 Corporation System 8. The above named entity submits this statement for the purpose of characteristic purpose of ch the obligations of registered age; Vice President and Assistant Secretary \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. President X Addition **D**Celete TITLE TITLE Conrad M. Hall ANDERSON, BRYAN D NAME NAME 150 Branby Street STREET ADDRESS STREET ADDRESS 210 WEST 103RD STREET INDIANAPOLIS, IN 46290 CITY-ST-ZIP Norfolk VA 23510 CITY-ST-ZiP Vice President 🗹 Delete ☐ Change [XCAddition TITLE G. Mitchell Brooks WEBBER, W S NAME NAME 150 Branky Street STREET ADDRESS 210 WEST 103RD STREET STREET ADDRESS INDIANAPOLIS, IN 46290 CITY-ST-ZIP 235/0 CITY-ST-ZIP **X**Addition CFO Treasurer Michael E. Askew Change IIILE Delete 1016 WHITESEL, BRADY A NAME NAME 150 Granky Street STREET ADDRESS 210 WEST 103RD STREET STREET ADDRESS Norfolk, VA 23510 CITY-ST-ZIP INDIANAPOLIS, IN 46290 CITY-ST-ZIP Change ■ Addition ☐ Delete TELLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CI1Y-\$1-78 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 fusite employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Michael E. Askew

FILED Jun 03, 2008 8:00 am