2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# F03000004857

Entity Name: R.T. MOORE CO., INC.

Current Principal Place of Business:

6340 LAPAS TRAIL
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

6340 LAPAS TRAIL
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 35-0964856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, DOUGLAS R PRES
6805 33RD STREET EAST
SARASOTA, FL 34243 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: MOORE, DOUGLAS R
Address: 6340 LAPAS TRAIL
City-St-Zip: INDIANPOLIS, IN 46268

Title: VT ( ) Delete
Name: REYNOLDS, THOMAS C
Address: 6340 LAPAS TRAIL
City-St-Zip: INDIANPOLIS, IN 46268

Title: SD ( ) Delete
Name: LOWE, L. ROBERT JR
Address: 135 N PENNSYLVANIA STREET, SUITE 2700
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D ( ) Delete
Name: MOORE, SYLVIA
Address: 21911 FLIPPINS ROAD
City-St-Zip: CICERO, IN 46034

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS C. REYNOLDS CFO 02/24/2009

Electronic Signature of Signing Officer or Director — Date