

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005602

Entity Name: THE CURARE GROUP, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

4627 E. MORNINGSIDE DRIVE
BLOOMINGTON, IN 47408

New Principal Place of Business:

Current Mailing Address:

4627 E. MORNINGSIDE DRIVE
BLOOMINGTON, IN 47408

New Mailing Address:

FEI Number: 35-1842565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLJACE, JOHN M
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

Title: S () Delete
Name: DIVINE, CHRISTINA
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

Title: D () Delete
Name: SALZARULO, ROBERT
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

Title: D () Delete
Name: WITTE, DAVID
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

Title: D () Delete
Name: CULLISON, REBECCA S
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

Title: D () Delete
Name: RAMUSACK, JERRY P
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SALZARULO, ROBERT
Address: 4627 E. MORNINGSIDE DRIVE
City-St-Zip: BLOOMINGTON, IN 47408

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: CHRISTINA DIVINE

S

01/04/2008

Electronic Signature of Signing Officer or Director

Date