2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001057

City-St-Zip:

FORT WAYNE, IN 46845

Entity Name: SPS CORPORATION OF INDIANA

FILED Mar 27, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	IGRESSIONAL YNE, IN 4680				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 8 FORT WA	0280 XYNE, IN 4689	8			
FEI Number	: 35-1542674	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
122 WEST	INCORPORATINCORPORATION INCORPORATION INCORP	TING AND REGISTERED AGE STREET , FL 32714 US	ENT		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CP (HERSTAD, DAI 2806 MEADOV FORT WAYNE	V STREAM	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (RUSSO, MICH 113 OLD PROS CARY, NC 275	S WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SHAMBLEY, J, 304 SCHUBAU CARY, NC 275	ER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SEC. (CRANEY, CHR 2727 WESTM		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CHRISTOPHER J. CRANEY SEC. 03/27/2006