



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000003867 1. Entity Name TTE TECHNOLOGY, INC.						FILE 05 DEC -5 PM 8:38	
Principal Place of Business 10330 N. MERIDIAN STREET INDIANAPOLIS, IN 46290				Mailing Address 10330 N. MERIDIAN STREET INDIANAPOLIS, IN 46290			
2. Principal Place of Business 101 WEST 103RD St. Suite, Apt. #, etc. INH 615 City & State INDIANAPOLIS, IN Zip 46290				3. Mailing Address 101 WEST 103RD Street Suite, Apt. #, etc. INH 615 City & State INDIANAPOLIS, IN Zip 46290			
ALL MAIL							
10242005 REIN-P CR2E098 (6/04)				4. FFI Number 34-1994492		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
NO MAIL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Tabatha Miley</u> Asst VP <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSLER, GREGORY J 10330 N. MERIDIAN STREET INDIANAPOLIS, IN 46290	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 WEST 103RD St INDPLS. IN 46290		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD DUBOC, JEAN-MARIE 10330 N. MERIDIAN STREET INDIANAPOLIS, IN 46290	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOLODAY, STEVEN E 10330 N. MERIDIAN STREET INDIANAPOLIS, IN 46290	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	101 WEST 103RD St INDPLS. IN 46290		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061911288 12/05/05--01052--004 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Steven E. Toloday</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11-29-05 317-587-4164 <small>Daytime Phone #</small>			

M. Williams DEC 25 2005