## 2006 FOR PROFIT CORPORATION REINSTATEMENT

changed, or on an attachment with an address, with all other-like empower

SIGNATURE:

## FILED DOCUMENT # F04000007059 1. Entity Name 07 JAN -3 AM 8: 28 UNITED FINANCIAL SYSTEMS OF INDIANA. CORPORATION SECREIARY OF STATE TALEARIASSEE, FLORIDA Principal Place of Business Mailing Address 7602 WOODLAND DR., STE 100 P.O. BOX 681218 INDIANAPOLIS, IN 46278 INDIANAPOLIS, IN 46268 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (11/05) 10262006 City & State City & State Applied For 4. FEI Number 35-1550232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code Oxahatchee 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 Fiorida. I am familiar with, and accept the obligations of registered agent. lownica on behalt of Incaro SIGNATURE 900081770179 FILE NOW!!! FEE IS \$750.00 11/14/06--01065 - 014 \*\*750.00 After January 1, 2007, Fee will be \$900.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCT** Delete TITLE TITLE ☐ Change Addition FOLLETT, RICHARD L NAME NAME 7602 WOODLAND DRIVE, STE 100 STREET ADDRESS STREET ADDRESS INDIANAPOLIS, IN 46278 CITY-ST-ZI CITY-ST-ZIP VPVC TITLE ☐ Delete TITLE Change ☐ Addition FOLLETT, JAYNE A NAME NAME STREET ADORESS 7602 WOODLAND DRIVE, STE 100 STREET ADDRESS INDIANAPOLIS, IN 46278 CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Deleta TILLE ☐ Change Addition NAME FOLLETT, JAYNE A NAME 7602 WOODLAND DRIVE, STE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46278 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 rot 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

ER OR DIRECTOR

B. Maches | JAN 2 2007