

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000433

FILED
Jan 24, 2008
Secretary of State

Entity Name: CAPITOL CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

9830 BAUER DRIVE
INDIANAPOLIS, IN 46280

New Principal Place of Business:

10412 ALLISONVILLE ROAD
SUITE 100
FISHERS, IN 46038

Current Mailing Address:

9830 BAUER DRIVE
INDIANAPOLIS, IN 46280

New Mailing Address:

10412 ALLISONVILLE ROAD
SUITE 100
FISHERS, IN 46038

FEI Number: 35-2054647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: ROBINSON, JON
Address: 9830 BAUER DRIVE
City-St-Zip: INDIANAPOLIS, IN 46280

Title: VP () Delete
Name: CLARK, TERRY
Address: 9830 BAUER DRIVE
City-St-Zip: INDIANAPOLIS, IN 46280

Title: S () Delete
Name: CROCKETT, DAVE
Address: 9830 BAUER DRIVE
City-St-Zip: INDIANAPOLIS, IN 46280

Title: T () Delete
Name: FREIJE, MARC
Address: 9830 BAUER DRIVE
City-St-Zip: INDIANAPOLIS, IN 46280

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINSON, JON
Address: 10412 ALLISONVILLE ROAD, SUITE 100
City-St-Zip: FISHERS, IN 46038

Title: VP (X) Change () Addition
Name: CLARK, TERRY
Address: 10412 ALLISONVILLE ROAD, SUITE 100
City-St-Zip: FISHERS, IN 46038

Title: S (X) Change () Addition
Name: CROCKETT, DAVE
Address: 10412 ALLISONVILLE ROAD, SUITE 100
City-St-Zip: FISHERS INDIANAPOLIS, IN 46038

Title: T (X) Change () Addition
Name: FREIJE, MARC
Address: 10412 ALLISONVILLE ROAD, SUITE 100
City-St-Zip: FISHERS, IN 46038

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: DAVE CROCKETT

S

01/24/2008

Electronic Signature of Signing Officer or Director

Date