# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 31, 2009**
**Secretary of State**

DOCUMENT# F05000003688

**Entity Name:** THE ODLE, MCGUIRE & SHOOK CORPORATION

**Current Principal Place of Business:**

5875 CASTLE CREEK PARKWAY
INDIANAPOLIS, IN 46250

**New Principal Place of Business:**

429 NORTH PENNSYLVANIA STREET
SUITE 403
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

5875 CASTLE CREEK PARKWAY
INDIANAPOLIS, IN 46250

**New Mailing Address:**

429 NORTH PENNSYLVANIA STREET
SUITE 403
INDIANAPOLIS, IN 46204

**FEI Number: 35-1092739** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete
Name: SKIBINSKI, GERARD
Address: 5875 CASTLE CREEK PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46250

Title: T ( ) Delete
Name: ARCHER, PATRICK
Address: 5875 CASTLE CREEK PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46250

Title: PD (X) Delete
Name: TOKEN, KEVIN
Address: 5875 CASTLE CREEK PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46250

Title: D (X) Delete
Name: MAYOL, MATTHEW
Address: 5875 CASTLE CREEK PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46250

Title: D (X) Delete
Name: ODLE, GEOFFREY
Address: 5875 CASTLE CREEK PARKWAY
City-St-Zip: INDIANAPOLIS, IN 46250

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition
Name: SKIBINSKI, GERARD
Address: 429 NORTH PENNSYLVANIA STREET, SUITE 403
City-St-Zip: INDIANAPOLIS, IN 46204

Title: P (X) Change ( ) Addition
Name: MAYOL, MATTHEW R
Address: 429 NORTH PENNSYLVANIA STREET, SUITE 403
City-St-Zip: INDIANAPOLIS, IN 46204

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: MATTHEW R. MAYOL P 07/31/2009

Electronic Signature of Signing Officer or Director — Date