



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90012 022 ***150.00

DOCUMENT # F05000005007 1. Entity Name SHUTTLE AMERICA CORPORATION					
Principal Place of Business C/O LYLE RHODES 11102 WEST PERIMETER ROAD FORT WAYNE, IN 46809			Mailing Address C/O LYLE RHODES 11102 WEST PERIMETER ROAD FORT WAYNE, IN 46809		
2. Principal Place of Business 410 Katina Eastwood Suite, Apt. #, etc. 8909 Purdue Rd, Ste 300		3. Mailing Address 410 Katina Eastwood Suite, Apt. #, etc. 8909 Purdue Rd, Ste 300			
City & State Indianapolis, IN Zip 46268		City & State Indianapolis, IN Zip 46268		4. FEI Number 76-0491397	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete	NAME JACOBS, JOSEPH STREET ADDRESS 411 WEST PUTNAM AVE. CITY-ST-ZIP GREENWICH, CT 06830		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jeffrey Jones STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
TITLE PD <input type="checkbox"/> Delete	NAME BEDFORD, BRYAN K STREET ADDRESS 8909 PURDUE ROAD, SUITE 300 CITY-ST-ZIP INDIANAPOLIS, IN 46260		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Don Olvey STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
TITLE CDO <input checked="" type="checkbox"/> Delete	NAME HANLEY, TOM STREET ADDRESS 11102 WEST PERIMETER ROAD CITY-ST-ZIP FORT WAYNE, IN 46809		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jerome Balsano STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
TITLE VCFO <input type="checkbox"/> Delete	NAME COOPER, ROBERT (HAL) STREET ADDRESS 8909 PURDUE ROAD, SUITE 300 CITY-ST-ZIP FORT WAYNE, IN 46260		TITLE VP, Corporate controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Beth Taylor STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
TITLE VCOO <input type="checkbox"/> Delete	NAME HELLER, WAYNE STREET ADDRESS 8909 PURDUE ROAD, SUITE 300 CITY-ST-ZIP FORT WAYNE, IN 46260		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Lars-Erik Arnell STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
TITLE V <input type="checkbox"/> Delete	NAME DURGIN, SCOTT STREET ADDRESS 11102 WEST PERIMETER ROAD CITY-ST-ZIP FORT WAYNE, IN 46809		TITLE VP, Secretary + Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Jay Maymudes STREET ADDRESS 8909 Purdue Rd, Ste 300 CITY-ST-ZIP Indianapolis, IN 46268	
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 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>Beth A Taylor</u> Beth A. Taylor 1/17/06 317-246-2612 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					