

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90011 013 ***150.00

DOCUMENT # F05000005007

1. Entity Name
SHUTTLE AMERICA CORPORATION



Principal Place of Business
C/O KATINA EASTWOOD
8909 PURDUE RD SUITE 300
INDIANAPOLIS, IN 46268

Mailing Address
C/O KATINA EASTWOOD
8909 PURDUE RD SUITE 300
INDIANAPOLIS, IN 46268

60013464



2. Principal Place of Business - No P.O. Box #
C/O Katina Roberts

3. Mailing Address
C/O Katina Roberts

Suite, Apt. #, etc.
8909 Purdue Rd, Ste 300

Suite, Apt. #, etc.
8909 Purdue Rd, Ste 300

City & State
Indianapolis IN

City & State
Indianapolis, IN

Zip
46268

Country
US

Zip
46268

Country
US

01242007 Chg-P CR2E034 (12/06)

4. FEI Number
76-0491397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, JOSEPH	
STREET ADDRESS	411 W PUTNAM AVE	
CITY-ST-ZIP	GREENWICH, CT 06830	
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"/> Delete
NAME	BELSANO, JEROME	
STREET ADDRESS	8909 PURDUE RD SUITE 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	VCFO	<input type="checkbox"/> Delete
NAME	HELLER, WAYNE	
STREET ADDRESS	8909 PURDUE ROAD, SUITE 300	
CITY-ST-ZIP	FORT WAYNE, IN 46260	
TITLE	V	<input type="checkbox"/> Delete
NAME	DURGIN, SCOTT	
STREET ADDRESS	11102 WEST PERIMETER ROAD	
CITY-ST-ZIP	FORT WAYNE, IN 46809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP, 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laers-Eek Arnell	
STREET ADDRESS	8909 Purdue Rd, Ste 300	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Wilkinson	
STREET ADDRESS	8909 Purdue Rd, Ste 300	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE	VP, CFO, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT CHAS COOPER	
STREET ADDRESS	8909 Purdue Rd, Ste 300	
CITY-ST-ZIP	Indianapolis, IN 46268	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Heller	
STREET ADDRESS	8909 Purdue Rd, Ste 300	
CITY-ST-ZIP	Indianapolis, IN 46268	
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	

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:

Beth Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/07 307-246-2612