2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # F05000005714 1. Entity Name HARLAN SPRAGUE DAWLEY INC							05-02-2006	90168 035 ***1:	50.00
Principal Place of Business 298 S. CARROLL ROAD INDIANAPOLIS, IN 46229		Mailing Address P.O. BOX 29176 INDIANAPOLIS, IN 46229						44 GENT FRIF) RUN ISGAN CRYST	T1881 (1 (MA)
	Ace of Business 15 Causs Blvd	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04212006	Chg-P	CR2E034 (11/05)	
City & State Tampa, FL		City & State				4. FEI Number 35-1071	009	⊢	pplied For ot Applicable
Zip - 33G	19 America	Zip 	Coun	Country -		5. Certificate o	Status Desired	□ \$8.75 Ad Feo Require	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New R	legistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PŁANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip Coo	íe
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									and accent
the obligations of registered agent. SIGNATURE									
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstaling) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees									
10.	OFFICERS AND		11.		10		HANGES TO OFF	ICERS AND DIRECTOR	
TIMLE	PCD	Delete	tmu		Pres	sident	0	Change	Addition
NAME	HARLAN, HAL P		NAM		Stev	ie sulliva	100		
STREET ADDRESS CITY-ST-ZIP	298 S. CARROLL ROAD INDIANAPOLIS, IN 46229			ET ADDRESS - St- ZIP	248	S. Carrol	y ma		
	VCFO		TITL		Inai	maporz,	N 46229	☐ Change	Addition
TITLE	JACOBSON, GARY L	☐ Delete	NAM						Addition
STREET ADDRESS	298 S. CARROLL ROAD			ET ADORESS					
CITY-ST-ZIP	INDIANAPOLIS, IN 46229		CITY	-ST-ZIP					
TITLE	V	☐ Dolete	rm	<u> </u>				Change	Addition_
NAME	MCGINLEY, JOHN R		NAM						
STREET ADDRESS	298 S. CARROLL ROAD			ET ADDRESS					
CITY-SI-ZIP	INDIANAPOLIS, IN 46229			-ST-ZIP					
TITLE NAME	V STORMER, JAMES A	Delete	TITL					☐ Change	Addition
STREET ADDRESS	298 S. CARROLL ROAD			et address					
CITY-ST-ZIP	INDIANAPOLIS, IN 46229		CITY	-ST-ZIP					
TITLE	V	☐ Delete	TITL	Ε				☐ Change	☐ Addition
NAME	NORBERG, ROBERT M		NAM						
STREET ADDRESS	298 S. CARROLL ROAD			ET ADDRESS - ST-ZIP					
CITY-ST-ZIP	INDIANAPOLIS, IN 46229							C 01-	(A J J J J J J J J J J J J J J J J J J
TITLE NAME	V EHLEN, KENNETH W	Delete	TITL NAM					Change	Addition
STREET ADDRESS	298 S. CARROLL ROAD			ET ADDRESS					
CITY-ST-ZIP	INDIANAPOLIS, IN 46229			- \$T - Z P					
<u> </u>	certify that the information supplied with	this filing date not qualify fo	v the ev	omptions c	ontaines	t in Chapter 110	Florida Statutos I	further cortify that the	information

12. I hereby certify that the information supplied with this filling 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 the empowered.

SIGNATURE:

NATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-06

317-894-7521