2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# F06000000499

Entity Name: CALUMET, INCORPORATED

Current Principal Place of Business:

2780 WATERFRONT PARKWAY E. DR., STE. 200
INDIANAPOLIS, IN 46214

New Principal Place of Business:

5400 W 86TH STREET
INDIANAPOLIS, IN 462680123 US

Current Mailing Address:

2780 WATERFRONT PARKWAY E. DR., STE. 200
INDIANAPOLIS, IN 46214

New Mailing Address:

P.O. BOX 68123
INDIANAPOLIS, IN 462680123 US

FEI Number: 35-1811118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete
Name: MOYES, ALLEN
Address: 3650 W. 141 ST.
City-St-Zip: WESTFIELD, IN 46074

Title: P ( ) Delete
Name: GRUBE, BILL
Address: 6497 DEERFIELD DR.
City-St-Zip: GREENWOOD, IN 46143

Title: VCFO ( ) Delete
Name: MURRAY, R. PATRICK II
Address: 8970 SHELBURNE WAY
City-St-Zip: ZIONSVILLE, IN 46077

Title: V ( ) Delete
Name: ANDERSON, BILL
Address: 8642 BLACK STONE CROSSING
City-St-Zip: AVON, IN 46123

Title: V ( ) Delete
Name: MILLS, ROBERT
Address: P.O. BOX 5745
City-St-Zip: SHREVEPORT, LA 71135

Title: V ( ) Delete
Name: STRAUMINS, JENNIFER
Address: 2838 SHADWELL PLACE
City-St-Zip: GREENWOOD, IN 46143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: FRANZ, DAVID L
Address: 5400 W 86TH STREET
City-St-Zip: INDIANAPOLIS, IN 46268

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: DAVID L FRANZ TREA 05/04/2009
Electronic Signature of Signing Officer or Director Date