2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# F06000005323

Entity Name: FLORIDA TRANSFORMER, INC.

Current Principal Place of Business:

4509 STATE HIGHWAY 83 N.
DEFUNIAK SPRINGS, FL 324333960

New Principal Place of Business:

Current Mailing Address:

9820 WESTPOINT DRIVE
SUITE 300
INDIANAPOLIS, IN 46256

New Mailing Address:

FEI Number: 20-4402032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: CP ( ) Delete
Name: VAN VLIET, ROBERT
Address: 9820 WESTPOINT DR, STE 300
City-St-Zip: INDIANAPOLIS, IN 46256

Title: D ( ) Delete
Name: DORMAN, GREGORY M.
Address: 9820 WESTPOINT DR, STE 300
City-St-Zip: INDIANAPOLIS, IN 46256

Title: DT ( ) Delete
Name: BRAZILL, PATRICK J.
Address: 9820 WESTPOINT DR, STE 300
City-St-Zip: INDIANAPOLIS, IN 46256

Title: S ( ) Delete
Name: WALAWENDER, RICHARD A.
Address: 9820 WESTPOINT DR, STE 300
City-St-Zip: INDIANAPOLIS, IN 46256

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: ( ) 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: SCOTT SEVERSON CFO 03/31/2009

Electronic Signature of Signing Officer or Director — Date