2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000743

FILED
Apr 25, 2011
Secretary of State

Entity Name: THE HOWARD E NYHART COMPANY INCORPORATED

Current Principal Place of Business:

8415 ALLISON POINTE BLVD, STE 300
INDIANAPOLIS, IN 46250

New Principal Place of Business:

Current Mailing Address:

8415 ALLISON POINTE BLVD, STE 300
INDIANAPOLIS, IN 46250

New Mailing Address:

FEI Number: 35-0966414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: D
Name: DEAN, DARYL
Address: 8415 ALLISON POINTE BLVD, STE 300
City-St-Zip: INDIANAPOLIS, IN 46250

Title: P
Name: TOTTEN, THOMAS L
Address: 8415 ALLISON POINTE BLVD, STE 300
City-St-Zip: INDIANAPOLIS, IN 46250

Title: V
Name: VAN NESS, DAVID W
Address: 8415 ALLISON POINTE BLVD, STE 300
City-St-Zip: INDIANAPOLIS, IN 46250

Title: S
Name: MUNSELL, CHARLES D III
Address: 8415 ALLISON POINTE BLVD, STE 300
City-St-Zip: INDIANAPOLIS, IN 46250

Title: T
Name: HAGUE, LISA M
Address: 8415 ALLISON POINTE BLVD, STE 300
City-St-Zip: INDIANAPOLIS, IN 46250

I hereby 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 all other like empowered.

SIGNATURE: LISA M. HAGUE T 04/25/2011
Electronic Signature of Signing Officer or Director Date