

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F10000000581

FILED
Jan 31, 2012
Secretary of State

Entity Name: RAGLE, INC.

Current Principal Place of Business:

5266 VANN ROAD
NEWBURGH, IN 47630

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 444
NEWBURGH, IN 47629

New Mailing Address:

FEI Number: 35-1878024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: C/O BARBRA A. BURKE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: RAGLE, SAMUEL R
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47630

Title: S
Name: RAGLE, PAMELA L
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47630

Title: SVP
Name: YORK, SCOTT S
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47629

Title: VP
Name: SANDERSON, KEITH M
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47629

Title: VP
Name: RAGLE, TROY A
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47629

Title: VP
Name: RAGLE, JASON C
Address: P.O. BOX 444
City-St-Zip: NEWBURGH, IN 47629

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: SAMUEL R RAGLE

P

01/31/2012

Electronic Signature of Signing Officer or Director

Date