

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001915

Entity Name: SOLUTION TREE INC.

**FILED**  
**May 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

555 N MORTON ST.  
BLOOMINGTON, IN 47404

**New Principal Place of Business:**

**Current Mailing Address:**

555 N MORTON ST.  
BLOOMINGTON, IN 47404

**New Mailing Address:**

FEI Number: 35-2026417

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: ELMORE, D G  
Address: 555 N MORTON ST.  
City-St-Zip: BLOOMINGTON, IN 47404

Title: P  
Name: JONES, JEFFREY C  
Address: 555 N MORTON ST.  
City-St-Zip: BLOOMINGTON, IN 47404

Title: S  
Name: THOMAS, LORI  
Address: 555 N MORTON ST.  
City-St-Zip: BLOOMINGTON, IN 47404

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: JAMES WATSON

CFO

05/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date