

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000382

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** INDIANA PAGING NETWORK, INC.

**Current Principal Place of Business:**

6745 W JOHNSON ROAD  
LAPORTE, IN 46350

**New Principal Place of Business:**

**Current Mailing Address:**

6745 W JOHNSON ROAD  
LAPORTE, IN 46350

**New Mailing Address:**

**FEI Number:** 35-1295049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISELE, ENID  
662 REILLY'S ROAD  
PORT ORANGE, FL 34332 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:** P  
**Name:** EISELE, WILLIAM  
**Address:** 6745 W JOHNSON ROAD  
**City-St-Zip:** LAPORTE, IN 46350

**Title:** S  
**Name:** EISELE, ENID  
**Address:** 662 REILLY'S ROAD  
**City-St-Zip:** PORT ORANGE, FL 34232

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:** WILLIAM EISELE

P

01/23/2012

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

\_\_\_\_\_  
Date