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JIVISION OF CORPORATECY

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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: IMS Productions, Inc.	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	
Please return all correspondence concerning this m	atter to the following:
Denise Thompson	
Name	of Person
Ice Miller LLP	
Firm/0	Company
One American Square, Suite 2	2900
	ddress
Indianapolis, IN 46282	
•	te and Zip code
denise.thompson@icemiller.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Denise Thompson 31/317	236-2234
at \	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee ■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavails	ible in Florida, enter alternate corporate na	nne adopted for the purpose of transacting business in Florida	3)
Indiana		_{3.} 35-0413430	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	<u>ت</u>
Septemb	er 12, 1945	_{5.} Perpetual	=
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	P
January 1	1, 2014		
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	-p
4555\N 1	6th St., Indianapolis, IN		PH 2
	(Principal office a	// 	<u> </u> :
4555 W 1	6th St., Indianapolis, IN		_
	(Current mailing a		_
		in corporations may be incorporated under the Accountry to be carried out in state of Florida) (P.O. Box, NOT acceptable)	:1. —
	Turning of Light in Laborator (Paris)		
Name and street	CT Corportaion System		
	CT Corportaion System		
Name and street	CT Corportaion System 1200 South Pine Island Road		
Name and street		Florida 33324	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> James M. Halpin **Assistant Secretary**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:

A. DIRECTORS	. 2014 APR 18 PM 2: 19
Chairman:	
Address:	
Vice Chairman:	
Address:	
) and the late and the late of	
Director:	AA
Address:	· ·
Director:	
Address:	
B. OFFICERS	
President: Robert S. Greene	
Address: 4790 W. 16th St.	
Indianapolis, IN 46222	
Vice President: Jeffrey G. Belskus	
4700 10/4 40% 04	
Indianapolis, IN 46222	
Secretary: Gretchen E. Snelling	
Address: 4790 W 16th St Indianapolis, IN	46222
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appl	cation listing additional officers and/or directors.
13. X Jeffing D. Belown	
Signature of Direct The officer or director signing this document (and who is listed are true and that he or she is aware that false information submathird degree felony as provided for in s.817.155, F.S.	in number 12 above) affirms that the facts stated herein
14. Jeffrey G. Belskus Vice President &	
(Typed or printed name and capacity o	f person signing application)

STATE OF INDIANA SCRETARY OF GRAP OF CORFORATION OF CORFORD OF CORFORD

To Whom These Presents Come, Greetings:

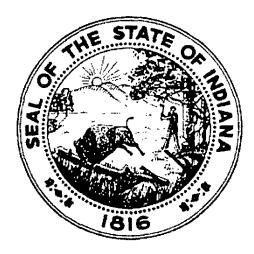
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

IMS PRODUCTIONS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 12, 1945, and was in existence or authorized to transact business in the State of Indiana on January 27, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Seventh Day of January, 2014.

Connie Lawson, Secretary of State

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