

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000928 (3)

1. Corporation Name

PHILLIPPE ENTERPRISES, INC.



Principal Place of Business

7030 EVERGREEN WOODS TRAIL
SPRING HILL FL 34608

Mailing Address

9200 KEYSTONE CROSSING
SUITE 800
INDIANAPOLIS IN 46240

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

2a. Mailing Address

21 3300 Providian Center
Suite, Apt. #, etc.

26 3300 Providian Center
Suite, Apt. #, etc.

4. FEI Number

35-1870936

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Louisville, KY

28 Louisville, KY

24 Zip Country

29 Zip Country

40202 USA

40202 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENSON, DANIEL
1054 CASTLE DRIVE
SPRING HILL FL 34609

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☒ DELETE
NAME PHILLIPPE, THOMAS E SR
STREET ADDRESS 9200 KEYSTONE CROSSING, SUITE 800
CITY-ST-ZIP INDIANAPOLIS IN 46240

1.1 TITLE Pres. CEO ☒ Change ☐ Addition
1.2 NAME W. Bruce Lunsford
1.3 STREET ADDRESS 3300 Providian Center, 400 W. Market St.
1.4 CITY-ST-ZIP Louisville, KY 40202

TITLE VPDS ☒ DELETE
NAME PHILLIPPE, THOMAS E JR
STREET ADDRESS 9200 KEYSTONE CROSSING, SUITE 800
CITY-ST-ZIP INDIANAPOLIS IN 46240

2.1 TITLE V CFO ☒ Change ☐ Addition
2.2 NAME W. Earl Reed III
2.3 STREET ADDRESS 8300 Providian Center, 400 W. Market St.
2.4 CITY-ST-ZIP Louisville, KY 40202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V Sec. ☒ Change ☐ Addition
3.2 NAME Jill L. Force
3.3 STREET ADDRESS 3300 Providian Center, 400 W. Market St.
3.4 CITY-ST-ZIP Louisville, KY 40202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V Treas. ☒ Change ☐ Addition
4.2 NAME Richard A. Lechleiter
4.3 STREET ADDRESS 3300 Providian Center, 400 W. Market St.
4.4 CITY-ST-ZIP Louisville, KY 40202

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)