

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90002 044 \*\*\*550.00

0134654 AT

<b>DOCUMENT # F93000001856</b> 1. Entity Name <b>THE GEORGE F CRAM COMPANY INCORPORATED</b>					
Principal Place of Business <b>301 S. LASALLE ST.          INDIANAPOLIS IN 46201</b>			Mailing Address <b>301 S. LASALLE ST.          INDIANAPOLIS IN 46201</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>35-0252470</b>	
Zip	Country	Zip	Country	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>EARLEY, JAMES</b> <b>3188 N.W. 118TH LN.</b> <b>CORAL SPRING FL 33065</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> Zip Code		
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDANIEL, PHILLIP		NAME		
STREET ADDRESS	9146 HAVERSTICK RD		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46240		CITY-ST-ZIP		
TITLE	CP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUTHIT, WILLIAM		NAME		
STREET ADDRESS	320 PEBBLE BRK. CIR.		STREET ADDRESS		
CITY-ST-ZIP	NOBLESVILLE IN		CITY-ST-ZIP		
TITLE	CVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUTHIT, JOHN		NAME		
STREET ADDRESS	321 WELLINGTON WAY		STREET ADDRESS		
CITY-ST-ZIP	NOBLESVILLE IN		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, JAMES		NAME		
STREET ADDRESS	2815 SHEFFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46229		CITY-ST-ZIP		
TITLE	CVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAUCK, GARY		NAME	D ROBERT PARSONS	
STREET ADDRESS	1228 ROSENGARTEN LANE		STREET ADDRESS	13805 SPRING HILL RDS. CIRCLE E	
CITY-ST-ZIP	GREENWOOD IN		CITY-ST-ZIP	CARMEL IN 46032	
TITLE	CT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUCK, TOM		NAME	D DONALD GUSTARSON	
STREET ADDRESS	8868 CLASSIC VIEW DRIVE		STREET ADDRESS	7094 OAK BAY DR	
CITY-ST-ZIP	INDIANAPOLIS IN		CITY-ST-ZIP	NOBLESVILLE, IN 46060	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: DONALD GUSTARSON (D) 8/13/01 317-835-5564</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (5/01)