

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 # F93000003403 (3)

1. Corporation Name

EQUITY INVESTMENT CORP. OF INDIANA



Principal Place of Business

Mailing Address

COMMERCE BUILDING  
127 W BERRY STR. STE 1111  
FT. WAYNE IN 46802  
US

COMMERCE BUILDING  
127 W BERRY STR. STE 1111  
FT. WAYNE IN 46802  
US

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

05/05/1995

2. Principal Place of Business

2a. Mailing Address

21 Northwest Building  
Suite, Apt. #, etc.

26 Northwest Building  
Suite, Apt. #, etc.

22 111 East Wayne St, Suite 500  
City & State

27 111 East Wayne St, Suite 500  
City & State

23 Fort Wayne, IN  
Zip

28 Fort Wayne, IN  
Zip

24 46802  
Country

25 US

29 46802  
Country

30 U.S.

4. FEI Number

35-1881331

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTCD  
HUBER, GEORGE B  
127 WEST BERRY STREET, SUITE 400  
FORT WAYNE IN 46802

1 1 TITLE  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
KLUMP, MICHAEL  
ONE BUCKHEAD PLAZA, 3080 PEACHTREE RD  
ATLANTA GA

2 1 TITLE  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
JACOBS, TODD  
127 W. BERRY ST., SUITE 1111  
FORT WAYNE IN 46802

3 1 TITLE  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4 1 TITLE  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5 1 TITLE  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6 1 TITLE  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Todd Jacobs  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96  
Date

(211) 426-4704  
Daytime Phone #

CR2E034 (12/95)