

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 16, 2001 8:00 am
Secretary of State**

02-16-2001 90030 006 ***150.00

DOCUMENT # F93000003864

1. Entity Name

MKLP, INC.

Principal Place of Business

Mailing Address

**8900 KEYSTONE CROSSING
SUITE 1200
INDIANAPOLIS IN 46240****8900 KEYSTONE CROSSING
SUITE 1200
INDIANAPOLIS IN 46240****624440**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3502 Woodview Trace**3502 Woodview Trace**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200**Suite 200**

City & State

City & State

Indianapolis, IN**Indianapolis, IN**

Zip

Zip

USA**USA****46268****46268**

4. FEI Number

35-1893402

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG, PATRICIA E
C/O NATIONAL HEALTHCARE ASSOCIATES, INC.
999 PONCE DE LEON BLVD., SUITE 630
CORAL GABLES FL 33134**

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MCCOIN, O B	
STREET ADDRESS	7101 EXECUTIVE CENTER DR., SUITE 2500	
CITY-ST-ZIP	BRENTWOOD TN 37027	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	KLIPSCH, FRED S	
STREET ADDRESS	8900 KEYSTONE CROSSING, STE. 1200	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	AS	<input type="checkbox"/> Delete
NAME	KLIPSCH, MICHAEL F	
STREET ADDRESS	8900 KEYSTONE CROSSING, STE. 1200	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael S. Klipsch, Asst. Sec.**2/2/01****317-860-8214**

CR2E034 (10/00)



Michael F. Klipsch
Executive Vice President and COO
Worldwide Mfg. & Supply Mgmt.

624446
Attachment # F9300003864

February 2, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: MKLP, Inc.

Dear Sir/Madam:

I am enclosing the 2001 Uniform Business Report for MKLP, Inc., and a \$150.00 check payable to the Florida Department of State.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mike Klipsch', is written over the word 'Sincerely,'.

Michael F. Klipsch

MFK/slr
ENCLS.