

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004920

Entity Name: BOYNTON SIMON, INC.

FILED
Apr 16, 2004
Secretary of State

Current Principal Place of Business:

115 WEST WASHINGTON STREET
MERCHANTS PLAZA
INDIANAPOLIS, IN 46204 US

Current Mailing Address:

PO BOX 7066
TAX DEPT.
INDIANAPOLIS, IN 46207 US

New Principal Place of Business:

115 WEST WASHINGTON STREET, SUITE 15E
INDIANAPOLIS, IN 46204 US

New Mailing Address:

P.O. BOX 7066, TAX DEPT.
INDIANAPOLIS, IN 46207 US

FEI Number: 35-1902072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIMON, MELVIN
Address: 115 W. WASHINGTON ST, MERCHANTS PLAZA
City-St-Zip: INDIANAPOLIS, IN 46204

Title: V () Delete
Name: SIMON, DAVID
Address: 115 W. WASHINGTON ST, MERCHANTS PLAZA
City-St-Zip: INDIANAPOLIS, IN 46204

Title: ST () Delete
Name: KATZ, IRWIN
Address: 11711 N. MERIDIAN ST.
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/P (X) Change () Addition
Name: SIMON, MELVIN
Address: 115 W. WASHINGTON STREET, SUITE 15E
City-St-Zip: INDIANAPOLIS, IN 46204

Title: V (X) Change () Addition
Name: SIMON, DAVID
Address: 115 W. WASHINGTON STREET, SUITE 15E
City-St-Zip: INDIANAPOLIS, IN 46204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN SIMON

C/P

04/16/2004

Electronic Signature of Signing Officer or Director

Date