2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004920

Entity Name: BOYNTON SIMON, INC.

FILED Apr 19, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
115 WEST WASHINGTON STREET, SUITE 15E INDIANAPOLIS, IN 46204 US				115 W. WASHINGTON ST. SUITE 15E INDIANAPOLIS, IN 46204 US		
Current Mailing Address:				New Mailing Address:		
P.O. BOX 7066, TAX DEPT. INDIANAPOLIS, IN 46207 US			115 W.	C/O CORPORATE PARALEGAL 115 W. WASHINGTON ST., SUITE 15E INDIANAPOLIS, IN 46204 US		
FEI Number:	35-1902072	FEI Number Applied For ()	FEI Number Not A	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State						
SIGNATURE: Electronic Signature of Registered Agent Date						
Election Cam		Frust Fund Contribution ().			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	C/P () Delete SIMON, MELVIN 115 W. WASHINGTON STREET, SUITE 15E INDIANAPOLIS, IN 46204		Title: Name: Address: City-St-Zi	` ,	Change () Addition	
Title: Name: Address: City-St-Zip:	SIMON, DAVID	oelete GTON STREET, SUITE 15E N 46204	Title: Name: Address: City-St-Zi	SIMON, STEPHE 115 W. WASHIN	GTON STREET, SUITE 15E	
Title: Name: Address: City-St-Zip:	ST () C KATZ, IRWIN 11711 N. MERIDI CARMEL, IN 460		Title: Name: Address: City-St-Zi	SIMON, DAVID 115 W. WASHIN	Change () Addition GTON ST., SUITE 15E N 46204	
Title: Name: Address: City-St-Zip:	() [Pelete	Title: Name: Address: City-St-Zi	FELSHER, ART 115 W. WASHIN	Change (X) Addition GTON ST., SUITE 15E N 46204	
Title: Name: Address: City-St-Zip:	()[Pelete	Title: Name: Address: City-St-Zi	FOXWORTHY, R 115 W. WASHIN	GTON ST., SUITE 15E	
Title: Name: Address: City-St-Zip:	() [Delete	Title: Name: Address: City-St-Zi	SCHMIDT, JAME 115 W. WASHIN	GTON ST., SUITE 15E	

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: JAMES A. SCHMIDT AS 04/19/2005