

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005462

FILED
Apr 17, 2007
Secretary of State

Entity Name: M.S. MANAGEMENT ASSOCIATES, INC.

Current Principal Place of Business:

225 W. WASHINGTON ST.
PO BOX 7033
INDIANAPOLIS, IN 46207

New Principal Place of Business:

225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46207

Current Mailing Address:

225 W. WASHINGTON ST., PO BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 46207 US

New Mailing Address:

FEI Number: 35-1904948 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: C/D () Delete
Name: SIMON, MELVIN
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

Title: C/D () Delete
Name: SIMON, HERBERT
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

Title: P () Delete
Name: SOKOLOV, RICHARD S
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

Title: S () Delete
Name: BARKLEY, JAMES M
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

Title: T () Delete
Name: JUSTER, ANDREW C
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

Title: AS () Delete
Name: SCHMIDT, JAMES A
Address: 225 W. WASHINGTON ST., PO BOX 7033
City-St-Zip: INDIANAPOLIS, IN 46207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Chapter 119, 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

04/17/2007

Electronic Signature of Signing Officer or Director

Date