FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000169 (2)

1. Corporation Name
MERIDIAN FINANCIAL CORPORATION

Principal Place of Business
301 EAST CARMEL DRIVE, STE. C450
CARMEL IN 46032

Mailing Address
301 EAST CARMEL DRIVE, STE. C450
CARMEL IN 46032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8250 Haverstick Road
Suite, Apt. #, etc.
22 Suite 110
City & State
23 Indianapolis, Indiana
Zip 24 46240-2401 Country 25 USA

2a. Mailing Address
26 8250 Haverstick Road
Suite, Apt. #, etc.
27 Suite 110
City & State
28 Indianapolis, Indiana
Zip 29 46240-2401 Country 30 USA

4. FEI Number: 35-1894846 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 — PAGE: Registered Agent signature required when executed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	D/P	☒ Change ☐ Addition
NAME	MCCOY, MICHAEL F	12 NAME		
STREET ADDRESS	301 E. CARMEL DR., STE. C450	13 STREET ADDRESS	8250 Haverstick Road, Suite 110	
CITY-ST-ZIP	CARMEL IN 46032	14 CITY-ST-ZIP	Indianapolis, IN 46240-2401	
TITLE	DVS	21 TITLE	D	☒ Change ☐ Addition
NAME	BEATTY, J. PHILLIP	22 NAME		
STREET ADDRESS	301 E. CARMEL DR., STE. C450	23 STREET ADDRESS	8250 Haverstick Road, Suite 110	
CITY-ST-ZIP	CARMEL IN 46032	24 CITY-ST-ZIP	Indianapolis, IN 46240-2401	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	WILDMAN, WILLIAM L	32 NAME		
STREET ADDRESS	301 E. CARMEL DR., STE. C450	33 STREET ADDRESS	8250 Haverstick Road, Suite 110	
CITY-ST-ZIP	CARMEL IN 46032	34 CITY-ST-ZIP	Indianapolis, IN 46240-2401	
TITLE		41 TITLE	V/S/T	☐ Change ☒ Addition
NAME		42 NAME	Gerichs, Gerald W.	
STREET ADDRESS		43 STREET ADDRESS	8250 Haverstick Road, Suite 110	
CITY-ST-ZIP		44 CITY-ST-ZIP	Indianapolis, IN 46240-2401	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Miller, Curtis	
STREET ADDRESS		53 STREET ADDRESS	8250 Haverstick Road, Suite 110	
CITY-ST-ZIP		54 CITY-ST-ZIP	Indianapolis, IN 46240-2401	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), 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: Gerald W. Gerichs 01/20/95 317-722-2000
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476473 FP