1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000001824

HERFF JONES, INC.

Mailing Address Principal Place of Business ARM MEGT COME OT

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90256 022 ***150.00



INDIANAPOLIS IN 46268-2587		INDIANAPOLIS IN 46268-2587						
					DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed			
					04/11/1994			
2. Principal Pl	Principal Place of Business 2a. Mailing Address				4. FEI Number		plied For	
21					35-1637714		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	8	City & State	,		6. Election Campaign Financing	\$5.00	Mav Be	
23		28			Trust Fund Contribution	Added to		
Zip	Country Zip Co			γ	8. This corporation owes the current ye	ear Intangible		
24	25 29 30			Personal Property Tax. X☐ Yes ☐ No				
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent		
			8	1 Name				
CT C		8	2 Stroot	Address (P.O. Box Number is Not Acceptable)				
8751 WEST BROWARD BLVD.				Z Street /	Address (F.O. Dox Hulliber is Not Acceptable)			
Plan	ITATION FL 33324		8	3				
			L					
			8	4 City		FL 85 Zip C	Jode	
11 Pursuant	to the provisions of Sections 607 0	502 and 607 1508. Florida Statute	es, the abo	ve-named	corporation submits this statement for the purpo	ose of changing its	registered	
office or re	egistered agent or both, in the Stat	e of Florida. Such change was at	uthonzed b	v the como	oration's board of directors. I hereby accept the	appointment as reg	gistered	
agent. I ai	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	nda Statute	es.				
SIGNATURE					D	ATE		
12.	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: AND DIRECTORS	Registered Ag	ent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICEI		RS IN 12	
		TAND DIRECTORS	1.1 TITLE		CP CP	X Change	Addition	
TITLE	C	LADELETE		ì	Hubbard, James W.	E3 Chango		
NAME	HACKL, A.J.		1.2 NAME	۱ ا	4501 W. 62nd St.			
STREET ADDRESS	4501 WEST 62ND ST.		1.3 STRE	ET ADDRESS	Indianapolis, IN 46268			
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-	SI-ZIP	*	r¥ o	———	
TITLE	DP	☐ DELETE	2.1 TITLE		ÞV	🔀 Change	☐ Addition	
NAME	Hubbard, James W		2.2 NAME	1	Crandall, Bernard R.			
STREET ADDRESS	4501 WEST 62ND ST		2.3 STRE	ET ADDRESS	4501 W. 62nd St.			
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY	-ST-ZIP	Indianapolis, IN 46268			
TITLE			3.1 TITLE			Change	☐ Addition	
NAME	FEHR, LAWRENCE F		3.2 NAME			•		
STREET ADDRESS	4501 WEST 62ND ST.			ET ADDRESS				
CITY-ST-ZIP	INDIANAPOLIS IN	•	3.4. CITY	i				
TITLE	DV	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	SLAUGHTER, JOE K		4. 2 NAM			ŕ		
	4501 WEST 62ND ST.			ET ADDRESS				
STREET ADDRESS	INDIANAPOLIS IN		4.3 STRE					
CITY-ST-ZIP	DV	☐ DELETE	5.1 TITLE	_		Change	Addition	
TITLE	T		5.1 HILE					
NAME	POTTS, ROBERT S			ET ADDRESS				
STREET ADDRESS	4501 WEST 62ND ST.							
CITY-ST-ZIP	INDIANAPOLIS IN	□ nc: ===	5.4 CITY-				□ Addition	
TITLE	DV	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	ROGERS, P.T.		6.2 NAM					
STREET ADDRESS	4501 WEST 62ND ST.		6.3 STRE	ET ADDRESS				
CITY_ST_7IP	INDIANAPOLIS IN		6.4 CITY	·ST-ZIP				

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 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, with all other like empowered.

SIGNATURE:

4/26/99

(317) 297-3740