

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90090 027 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

IRWIN LEASING CORP.

F94000004624

Principal Place of Business

500 WASHINGTON STREET
COLUMBUS, IN 47201

Mailing Address

500 WASHINGTON STREET
COLUMBUS, IN 47201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/7/94

4. FEI Number

35-1791853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal
Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND BLVD.
PLANTATION, FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOHN A. NASH	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	GREGORY F. EHLINGER	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	MATTHEW F. SOUZA	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	
TITLE	BOARD DIRECTOR	<input type="checkbox"/> DELETE
NAME	WILLIAM MILLER	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	
TITLE	BOARD DIRECTOR	<input type="checkbox"/> DELETE
NAME	MARIE S. AMEIS	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	
TITLE	BOARD DIRECTOR	<input type="checkbox"/> DELETE
NAME	THOMAS D. WASHBURN	
STREET ADDRESS	500 WASHINGTON STREET	
CITY - ST - ZIP	COLUMBUS, IN 47201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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: *John A. Nash* JOHN A. NASH, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

Date

(812) 376-1601

Daytime Phone #