

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000005450

1. Corporation Name

THOMPSON PBE, INC.

Principal Place of Business

Mailing Address

54 MONUMENT CIRCLE
7TH FLOOR
INDIANAPOLIS IN 46204

54 MONUMENT CIRCLE
7TH FLOOR
INDIANAPOLIS IN 46204

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

95-4215913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	LACY, ANDRE B	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204
P/D	YOUNG, THOMAS U	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204
SVP/H	SOROKIN, ROGER A	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204
SVP	GASE, THOMAS E ECCLES, MARK GOT	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204
SVP	MILLARD, ROBERT R	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204
SVP	STEPHENSON, C. REMY	54 MONUMENT CIRCLE	INDIANAPOLIS IN 46204

8. Name and Address of Current Registered Agent

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

200003084042--3

-12/30/99--01020--017

****758.75 ****758.75

9. Name and Address of New Registered Agent

Name

Street Address (R.O. Box Number, if applicable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John H. Blum
REGISTERED AGENT MUST SIGN

Date

12/17/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/99

Date

Daytime Phone #

317 237-3678