

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006219 (9)

1. Corporation Name

ADMINASTAR SOLUTIONS, INC.

Principal Place of Business

Mailing Address

**9525 DELEGATES ROW
INDIANAPOLIS IN 46240**

**9525 DELEGATES ROW
INDIANAPOLIS IN 46240**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/06/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

35-1786523

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 also if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	WRIGHT, MICHAEL
STREET ADDRESS	6801 HILLSDALE COURT
CITY-ST-ZIP	INDIANAPOLIS IN 46250
TITLE	CEO
NAME	SCOTT, H. WILLIAM
STREET ADDRESS	9525 DELEGATES ROW
CITY-ST-ZIP	INDIANAPOLIS IN 46240
TITLE	T
NAME	MARTIN, GEORGE D
STREET ADDRESS	120 MONUMENT CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN 46240
TITLE	VCFO
NAME	HAJEWSKI, THOMAS M
STREET ADDRESS	9525 DELEGATES ROW
CITY-ST-ZIP	INDIANAPOLIS IN 46240
TITLE	AS
NAME	PRIDEMORE, CYNTHIA M
STREET ADDRESS	120 MONUMENT CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN 46204
TITLE	V
NAME	BAIRD, DAVID J
STREET ADDRESS	9525 DELEGATES ROW
CITY-ST-ZIP	INDIANAPOLIS IN 46240

1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME	WILLIAM E. HIMELSTEIN	
1.3 STREET ADDRESS	502 FOREST BOULEVARD	
1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME	KIMBERLY J. UBERTA	
2.3 STREET ADDRESS	120 MONUMENT CIRCLE	
2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME	JOEL A. HONIGBAUM	
3.3 STREET ADDRESS	9525 DELEGATES ROW	
3.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46240	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(a), 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:

Thomas M. Hajewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M. HAJEWSKI

4/21/95 (317)581-4136

Date

Original Filing #