

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006219 (9)

1. Corporation Name

ADMINASTAR SOLUTIONS, INC.



Principal Place of Business

9525 DELEGATES ROW
INDIANAPOLIS IN 46240

Mailing Address

9525 DELEGATES ROW
INDIANAPOLIS IN 46240

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 5451 W. Lakeview Pkwy S Dr
Suite, Apt. #, etc.

26 5451 W. Lakeview Pkwy S Dr
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Indianapolis, Indiana

28 Indianapolis, Indiana

24 Zip Country

29 Zip Country

46268

25 US

46268

30 US

4. FET Number
35-1786523

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

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 is not applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HIMELSTEIN, PHILLIP E.
502 FOREST BLVD
INDIANAPOLIS IN

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
SCOTT, H. WILLIAM
9525 DELEGATES ROW
INDIANAPOLIS IN 46240

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARTIN, GEORGE D
120 MONUMENT CIRCLE
INDIANAPOLIS IN 46240

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
HAJEWSKI, THOMAS M
9525 DELEGATES ROW
INDIANAPOLIS IN 46240

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
PRIDEMORE, CYNTHIA M
120 MONUMENT CIRCLE
INDIANAPOLIS IN 46204

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BAIRD, DAVID J
9525 DELEGATES ROW
INDIANAPOLIS IN 46240

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

PCEO
Russell W. Sherlock
5451 W. Lakeview Parkway South Drive
Indianapolis, IN 46268

T
Thomas E. Vanneman
120 Monument Circle
Indianapolis, IN 46204

5451 W. Lakeview Parkway South Drive
Indianapolis, IN 46268

S
M. Ellen Monroe
120 Monument Circle
Indianapolis, IN 46204

5451 W. Lakeview Parkway South Drive
Indianapolis, IN 46268

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)(k), 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

4/24/96

Date

312/298-6603

Daytime Phone #

CR2E034 (12/95)