

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006287

FILED
Apr 12, 2007
Secretary of State

Entity Name: DUCHARME, MCMILLEN & ASSOCIATES, INC.

Current Principal Place of Business:

6610 MUTUAL DR.
FT. WAYNE, IN 46825

New Principal Place of Business:

Current Mailing Address:

6610 MUTUAL DR.
FT. WAYNE, IN 46825

New Mailing Address:

FEI Number: 35-1293472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILLIMAN, REED N
Address: 111 E. WAYNE ST STE 800
City-St-Zip: FT WAYNE, IN 46802

Title: D () Delete
Name: DUCHARME, DUANE
Address: 6610 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: PTD () Delete
Name: MEINIKA, DAVID
Address: 6610 MUTUAL DR.
City-St-Zip: FORT WAYNE, IN 46825

Title: V () Delete
Name: SWEET, JON C
Address: 6610 MUTUAL DR
City-St-Zip: FT. WAYNE, IN 46825

Title: S () Delete
Name: ROBINSON, DOROTHY J
Address: 6610 MUTUAL DR.
City-St-Zip: FT. WAYNE, IN 46825

Title: C () Delete
Name: RUMSCHLAG, RONALD A
Address: 6610 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCMILLEN, JOHN
Address: 6610 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: OLDHAM, ANDREW J
Address: 8440 ALLISON POINTE BLVD, SUITE 300
City-St-Zip: INDIANAPOLIS, IN 46250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD A RUMSCHLAG

C

04/12/2007

Electronic Signature of Signing Officer or Director

Date