

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006287

FILED
Apr 14, 2011
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

OFFICERS AND DIRECTORS:

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

Title: D
Name: MCMILLEN, JOHN
Address: 6610 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

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

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

Title: S
Name: MILLER, MEGAN L
Address: 6610 MUTUAL DR.
City-St-Zip: FT. WAYNE, IN 46825

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

I hereby 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 all other like empowered.

SIGNATURE: RONALD RUMSCHLAG

C

04/14/2011

Electronic Signature of Signing Officer or Director

Date