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 # **F95000000466 (1)**

1. Corporation Name

SUB-TECH, INC. OF INDIANA

Principal Place of Business
7925 BURCH PARK DR.
EVANSVILLE IN 47711-1787

Mailing Address
7925 BURCH PARK DR.
EVANSVILLE IN 47711-1787

3. Date Incorporated or Qualified: **01/27/1995**

3a. Date of Last Report: first report

4. FEI Number: **35-1912476** — 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 Section 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GABE, THOMAS K	
STREET ADDRESS	5628 GABES DR.	
CITY-ST-ZIP	EVANSVILLE IN 47720	
TITLE	SD	☐ DELETE
NAME	DODD, ERIC B	
STREET ADDRESS	2648 VIEHE DR.	
CITY-ST-ZIP	EVANSVILLE IN 47711	
TITLE	D	☐ DELETE
NAME	KOESTER, DANIEL	
STREET ADDRESS	R.R. 1, BOX 232A	
CITY-ST-ZIP	POSEYVILLE IN 47633	
TITLE	D	☐ DELETE
NAME	FRUIT, HOMER	
STREET ADDRESS	5644 VICTORIA CT.	
CITY-ST-ZIP	NEWBURGH IN 47630	
TITLE	D	☐ DELETE
NAME	MOURDOCK, RICHARD	
STREET ADDRESS	10880 RIDGE KNOLL	
CITY-ST-ZIP	EVANSVILLE IN 47710	
TITLE	D	☐ DELETE
NAME	BOWER, D. ROBERT	
STREET ADDRESS	7850 LAKESHIRE CT.	
CITY-ST-ZIP	EVANSVILLE IN 47715	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Treasurer/Director	☒ Change ☐ Addition
12 NAME	Gabe, Thomas K.	
13 STREET ADDRESS	5628 Gabes Drive	
14 CITY-ST-ZIP	Evansville, IN 47720	
21 TITLE	President/Director	☒ Change ☐ Addition
22 NAME	Dodd, Eric B.	
23 STREET ADDRESS	2648 Viehe Drive	
24 CITY-ST-ZIP	Evansville, IN 47711	
31 TITLE	Secretary	☐ Change ☒ Addition
32 NAME	Compton, Mary	
33 STREET ADDRESS	4111 Wyndclyff Court	
34 CITY-ST-ZIP	Evansville, IN 47711	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

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 is entered in Block 11 if changed, with an address.

SIGNATURE: E B Dodd — Eric B. Dodd, President 3/26/96 (812) 867-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone