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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1995		3a. Date of Last Report 04/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 35-1912476		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GABE, THOMAS K	1.2 NAME	Compton, Mary H.
STREET ADDRESS	5628 GABES DRIVE	1.3 STREET ADDRESS	4111 Wyndclyff Court
CITY-ST-ZIP	EVANSVILLE IN	1.4 CITY-ST-ZIP	Evansville, IN 47711
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, ERIC B	2.2 NAME	
STREET ADDRESS	2648 VIEHE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOESTER, DANIEL	3.2 NAME	
STREET ADDRESS	R.R. 1, BOX 232A	3.3 STREET ADDRESS	
CITY-ST-ZIP	POSEYVILLE IN 47633	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUIT, HOMER	4.2 NAME	
STREET ADDRESS	5844 VICTORIA CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURGH IN 47630	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURDOCK, RICHARD	5.2 NAME	
STREET ADDRESS	10880 RIDGE KNOLL	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47710	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, D. ROBERT	6.2 NAME	
STREET ADDRESS	7850 LAKESHIRE CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN 47715	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Eric B. Dodd, President 1/29/97 (812) 867-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)