

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 # F 95000002338

1. Corporation Name

EIB Management, Inc.

Principal Place of Business

950 N. Meridian St.  
Suite 200  
Indianapolis, IN 46204

Mailing Address

950 N. Meridian St.  
Suite 200  
Indianapolis, IN 46204

2. Principal Place of Business

2a. Mailing Address

21 950 N. Meridian St.

26 950 N. Meridian St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Indianapolis, IN

28 Indianapolis, IN

Zip Country

Zip Country

24 46204

25 USA

29 46204

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

5/31/94

3a. Date of Last Report

5/12/95

4. FEI Number

35-1922940

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

10. Name and Address of New Registered Agent

Larry Ellis  
Landing Executive Center  
926 Great Pond Dr., Suite 2001  
Altamonte Springs, FL 32714

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 607.1503, 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 in block letters (print name and title) (Block 12)

(Block 13) Registered Agent signature (print name and title) (Block 13)

(Block 13)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
Davey L. Blanton  
STREET ADDRESS  
950 N. Meridian St., #200  
CITY-ST-ZIP  
Indianapolis, IN 46204

TITLE ☐ DELETE

NAME  
George X. Cannon  
STREET ADDRESS  
950 N. Meridian St., #200  
CITY-ST-ZIP  
Indianapolis, IN 46204

TITLE ☐ DELETE

NAME  
Scott R. Brown  
STREET ADDRESS  
950 N. Meridian St., #200  
CITY-ST-ZIP  
Indianapolis, IN 46204

TITLE ☐ DELETE

NAME  
George X. Cannon  
STREET ADDRESS  
950 N. Meridian St., #200  
CITY-ST-ZIP  
Indianapolis, IN 46204

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

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

400001887304  
-07/09/96--01053--029  
\*\*\*225.00

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(9)(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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George X. Cannon, President

6/17/96 317/237-7000

CR2E034 (12/95)