

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90109 017 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000004484

1. Entity Name

AUTORICS, INC.



00055184

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
11825 N. PENNSYLVANIA ST.

Suite, Apt. #, etc.

3. Mailing Address  
11825 N. PENNSYLVANIA ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CARMEL, IN

City & State  
CARMEL, IN

4. FEI Number 65-0611608

Applied For  
Not Applicable

Zip  
46032

Country

Zip  
46032

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND RD.

City PLANTATION

FL

Zip Code  
33324

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTD JAMES J. LARKIN	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
	SVP WILLIAM T. DEVANNEY, JR.	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
	SD RICHARD R. DYKHOUSE	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032
	D TIMOTHY W. HASELEY	11825 N. PENNSYLVANIA ST.	CARMEL, IN 46032

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard R. Dykhouse*

RICHARD R. DYKHOUSE

4/28/03

317-817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)