2001	1 UNIF	FORM BUSII	NESS REPO	RT	(UBR)	_		9	
DOCUMENT # F9500004745 1. Entity Name							APPHOVEL		
MILLER PIPELINE CORPORATION							01 SEP 25 AH 2: 18		
Principal Place of Business			Mailing Address						
8850 CRAWFO INDIANAPOLIS	-		PO BOX 34141 INDIANAPOLIS IN 46234				SECRETARY OF STATE PAIL AHASSEE, FLORES		
	Place of Busine	988	3. Mailing Address SAME				1 188/468 1510 10101 01121 06317 88/17 06317 88/17 88/17 88/17 88/17 88/17 88/17 88/17 88/17 88/17 88/17 88/17	\$/14/ D!// IDE/	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4.	4. FEI Number 35-1959522 Applied For Not Applicable		
Zip	Zip Country		Zip	Zip Countr		5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105					Street Address (P.O. Box Number is Not Acceptable)				
	SSEE FL 323	101		City			FL Zip Coo	ie .	
8. The above c — This this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE Signature: White of name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
9. This corporation is a to satisfy its Intangible Tax filling requirence and elects to do so. (See criteria on back) After September 12, 2 Make Check Payable				2001 I	1 Fee will be \$750.00 Department of State 10. Election Campaign Financing Trust Fund Contribution. State \$5.00 May Be Added to Fees				
11.	DC	OFFICERS AND DIS		12.		Αl	DDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	MILLER, DO 8850 CRAW	ON VFORDVILLE RD LIS IN 46234	☐ Delete				☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ile r VFORDVILLE RD LIS IN 46234	☐ Delete		1		© Change 300004613993- -09/27/0101073(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BANNING, I 8850 CRAW	DOUGLAS S JR /FORDVILLE RD LIS IN 46234	□ Delete	NAME STREE			****750_00 *****75	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morris, JA 1220 Wate		SA Delete				☐ Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		AVID D /FORDVILLE RD LIS IN 46234	☐ Delete				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	INDIANAPO	rway BLVD Lis in 46202	Delete	CITY-	ET ADDRESS ST-ZIP		□ Change	Addition	
13. Thereby 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 trusted employing of secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all the filips empowered. SIGNATURE: SIGNA									

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