

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005353 (6)

1. Corporation Name

SELLTHRU, INC.



Principal Place of Business

**7555 NORTH WOODLAND DR.
INDIANAPOLIS IN 46278**

Mailing Address

**7555 NORTH WOODLAND DR.
INDIANAPOLIS IN 46278**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/31/1995

3a. Date of Last Report
NA

4. FEI Number

35-1954476

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

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0602 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report on behalf of the corporation

Signature of the person authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE **PO** ☒ DELETE
NAME **CONK, EDWARD W**
STREET ADDRESS **7555 NORTH WOODLAND DRIVE**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **D** ☐ DELETE
NAME **POORMAN JR, ROBERT**
STREET ADDRESS **7301 NORTH WOODLAND DRIVE**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **V** ☐ DELETE
NAME **LEONARD, ROBERT**
STREET ADDRESS **7555 NORTH WOODLAND DRIVE**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **S** ☐ DELETE
NAME **SHEPARD, ROBERT**
STREET ADDRESS **7555 NORTH WOODLAND DRIVE**
CITY-ST-ZIP **INDIANAPOLIS IN**

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

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **CHARLES D. SOMBORN**
1.3 STREET ADDRESS **7555 NORTH WOODLAND DRIVE**
1.4 CITY-ST-ZIP **INDIANAPOLIS, IN 46278**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **CONK, EDWARD W.**
5.3 STREET ADDRESS **7555 N. WOODLAND DRIVE**
5.4 CITY-ST-ZIP **INDIANAPOLIS, IN 46278**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form 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 of this report, or on an attachment with an address.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES D. SOMBORN

4/24/96

317-388-1212

CR2E034 (12/95)