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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000005614 (1)

1. Corporation Name
KELLEY INDIANA, INC.

Principal Place of Business
36 SOUTH PENNSYLVANIA
550
INDIANAPOLIS IN 46204
US

Mailing Address
36 S. PENNSYLVANIA ST
SUITE 550
INDIANAPOLIS IN 46204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

2. Principal Place of Business
21 36 South Pennsylvania

2a. Mailing Address
26 36 South Pennsylvania

4. FEI Number
35-1164047

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #550

Suite, Apt. #, etc.
27 #550

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

City & State
23 Indianapolis, IN

City & State
28 Indianapolis, IN

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 46204 25 U.S.A.

Zip Country
29 46204 30 U.S.A.

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KELLEY, E.W.
131 WODEN WAY SE
WINTER HAVEN FL 33884

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

S. Sue Aramian

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

(NOTE: Registered Agent signature required when reinstating)

April 1, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME KELLEY, E.W.
STREET ADDRESS 131 WODEN WAY SE
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ DELETE

TITLE VATD
NAME KELLEY, W.W.
STREET ADDRESS R.R. 1, HWY 31
CITY-ST-ZIP SHARPSVILLE IN 46068 ☐ DELETE

TITLE VD
NAME KELLEY, W.L.
STREET ADDRESS 8517 GREENCASTLE DR.
CITY-ST-ZIP CHARLOTTE NC 28210 ☐ DELETE

TITLE STD
NAME KELLEY, W.E.
STREET ADDRESS 131 WODEN WAY, S.E.
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ DELETE

TITLE AV
NAME KELLEY, CHRIS M
STREET ADDRESS R.R. 1 U.S. HIGHWAY 31
CITY-ST-ZIP SHARPSVILLE IN 46068 ☐ DELETE

TITLE AS
NAME ARAMIAN, S.S.
STREET ADDRESS 19 AUGUST ST
CITY-ST-ZIP PROVIDENCE RI 02908 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ 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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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:

S. Sue Aramian

S. Sue Aramian April 1, 1998 317-633-4240

CR2E034 (10/97)