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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000005791

1. Corporation Name

**ROAW CORPORATION** 

Principal Place of Business	Mailing Address
4755 KINGSWAY DRIVE. STE 400 INDIANAPOLIS IN 46205	4755 KINGSWAY DRIVE. STE 400 INDIANAPOLIS IN 46205

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

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Suite, Apt.	#, etc.	<u>⊢</u> ¬			5	. Certificate of Status Desired		e Required	
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24	25	<u> </u>	30		1	, Personal Property Tax.  Name and Address of New Regist			
	9. Name and Address of Current	Registered Agent		Name	10	Name and Address of New Regist	BIOU AGEIR		
	CORDODATION EVETTM	*	1	11 Name					
90 MIZ Z	CORPORATION SYSTEM		ļ <sub>ī</sub>	2 Street Addr	ess (	P.O. Box Number is Not Acceptable)			$\neg \neg$
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44 Dumum	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	s the abo	ove-named corp	oratio	on submits this statement for the purpo	se of changin	g its registe	ered
office or	ropictored agent or both in the State C	r Florida. Such change was au	itnorizeu i	Jy line corporatio	on's t	poard of directors. I hereby accept the	appointment a	is registere	a
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505, Fion	iga Statut	es.		* * * * * * * * * * * * * * * * * * *			1
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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 of Block 13 if changed, or on an attachment withyon address, with all other like empowered.

SIGNATURE: