2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005791

1. Entity Name
RQAW CORPORATION

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

DO NOT WRITE IN THIS SPACE

08012006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1127849

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

U00000574389
08/15/06-80002-001 150.00

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PM
NAME	HELBING, THOMAS J PE
STREET ADDRESS	4755 KINGSWAY DR SUITE 400
CITY-ST-ZIP	INDIANAPOLIS, IN 46205
TITLE	VMS
NAME	MRAK, JOSEPH M AIA
STREET ADDRESS	4755 KINGSWAY DR SUITE 400
CITY-ST-ZIP	INDIANAPOLIS, IN 46205
TITLE	VMT
NAME	O'CONNOR, RICHARD T PE
STREET ADDRESS	4755 KINGSWAY DR SUITE 400
CITY-ST-ZIP	INDIANAPOLIS, IN 46205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard T. O'Connor 8/1/06 317 255-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #