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**Apr 25 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION  
ANNUAL REPORT  
1997**

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

**DOCUMENT # F96000006687 (5)**

1. Corporation Name  
**MSE CORPORATION**



Principal Place of Business Mailing Address  
**941 N MERIDAN ST  
INDIANAPOLIS IN 46204**      **941 N MERIDAN ST  
INDIANAPOLIS IN 46204-1055**

3. Date Incorporated or Qualified **12/20/1996**      3a. Date of Last Report **N/A**  
4. FEI Number **35-1073025**      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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCP</b> <input type="checkbox"/> DELETE
NAME	<b>MILLER, SOL C</b>
STREET ADDRESS	<b>941 N MERIDAN ST</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SAGE, RANDAL J</b>
STREET ADDRESS	<b>941 N MERIDAN ST</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>HOWELL, WILLIAM M</b>
STREET ADDRESS	<b>941 N MERIDAN ST</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MILLER, SOL C</b>
1.3 STREET ADDRESS	<b>941 N MERIDIAN ST</b>
1.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>
2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SAGE, RANDAL J</b>
2.3 STREET ADDRESS	<b>941 N MERIDIAN ST</b>
2.4 CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>
3.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOWELL, WILLIAM M</b>
3.3 STREET ADDRESS	<b>941 N MERIDIAN ST</b>
3.4 CITY-ST-ZIP	<b>INDIANAPOLIS, IN 46204</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: **WILLIAM M HOWELL** *[Signature]* (317) 634 - 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011433

CR2E034 (9/96)