

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 30 1998 8:00am
Secretary of State

DOCUMENT # **F97000000416 (4)**

1. Corporation Name
TRANEX CREDIT CORP.



Principal Place of Business
**7050 WEST WASHINGTON STREET
INDIANAPOLIS IN 46241**

Mailing Address
**7050 WEST WASHINGTON STREET
INDIANAPOLIS IN 46241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

2. Principal Place of Business

21 **7602 Woodland Drive**

Suite, Apt. #, etc.

22

City & State

23 **Indianapolis, IN**

Zip

24 **46278**

Country

US

2a. Mailing Address

26 **7602 Woodland Drive**

Suite, Apt. #, etc.

27

City & State

28 **Indianapolis, IN**

Zip

29 **46278**

Country

US

4. FEI Number

35-1813474

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **POD** ☐ DELETE

NAME **LEVINE, GARY L**
STREET ADDRESS **3184 SMOKEY RIDGE LANE**
CITY-ST-ZIP **CARMEL IN**

TITLE **VSD** ☐ DELETE

NAME **CONGDON, JEFFREY D**
STREET ADDRESS **8835 SARGENT ROAD**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **V** ☐ DELETE

NAME **DREHS, SCOTT**
STREET ADDRESS **7525 LINDER CT**
CITY-ST-ZIP **FISHERS IN**

TITLE **C** ☐ DELETE

NAME **BROWN, DAVID P**
STREET ADDRESS **9975 LAKESHORE DR., E.**
CITY-ST-ZIP **CARMEL IN**

TITLE **D** ☐ DELETE

NAME **ABRAHAMS, ROBERT J**
STREET ADDRESS **2810 CRESTWOOD LANE**
CITY-ST-ZIP **DEERFIELD IL**

TITLE **D** ☐ DELETE

NAME **MILLER, SANFORD**
STREET ADDRESS **7 FERNWOOD TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Vice-President** ☐ Change ☒ Addition

12 NAME **Eric R. Jones**
13 STREET ADDRESS **524 Twin Oaks Drive**
14 CITY-ST-ZIP **Carmel, IN 46032**

21 TITLE **Vice-President** ☐ Change ☒ Addition

22 NAME **Jack E. Plunkitt**
23 STREET ADDRESS **7050 Brackenridge Drive**
24 CITY-ST-ZIP **Indianapolis, IN 46236**

31 TITLE **Vice-President** ☐ Change ☒ Addition

32 NAME **Alex B. Gray**
33 STREET ADDRESS **12653 Walrond Road**
34 CITY-ST-ZIP **Noblesville, IN 46060**

41 TITLE **Vice-President** ☐ Change ☒ Addition

42 NAME **Joseph D. Bray**
43 STREET ADDRESS **10064 Whitebridge Court**
44 CITY-ST-ZIP **Cincinnati, OH 45242**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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

7-13-98

(217) 870-7700

CR2E034 (5/98)



July 21, 1998

Via Certified Mail # Z 008 792 026

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Profit Corporation Annual Report

To Whom It May Concern:

Please find enclosed the completed annual report for Tranex Credit Corp. along with our check number 040501 in the amount of Five Hundred Fifty-eight dollars and 75 cents (\$558.75) for filing fees.

An additional copy of the report along with a self-addressed, stamped envelope has been enclosed for the return of a file stamped copy to us for our records.

If you should have any questions in this matter please contact me at (317) 870-7700 extension 6101.

Sincerely,

A handwritten signature in cursive script that reads 'Beth E. Harrah'. The signature is written in dark ink and is positioned above the printed name.

Beth E. Harrah

Enclosures

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000000416 (4)**

1. Corporation Name
TRANEX CREDIT CORP.



Principal Place of Business
**7050 WEST WASHINGTON STREET
INDIANAPOLIS IN 46241**

Mailing Address
**7050 WEST WASHINGTON STREET
INDIANAPOLIS IN 46241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1997

4. FEI Number

35-1813474

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

2. Principal Place of Business

21 **7602 Woodland Drive**

Suite, Apt. #, etc.

22

City & State

23 **Indianapolis, IN**

Zip

24 **46278**

Country

25 **US**

2a. Mailing Address

26 **7602 Woodland Drive**

Suite, Apt. #, etc.

27

City & State

28 **Indianapolis, IN**

Zip

29 **46278**

Country

30 **US**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCO** ☐ DELETE

NAME **LEVINE, GARY L**
STREET ADDRESS **3184 SMOKEY RIDGE LANE**
CITY-ST-ZIP **CARMEL IN**

TITLE **VSD** ☐ DELETE

NAME **CONGDON, JEFFREY D**
STREET ADDRESS **8835 SARGENT ROAD**
CITY-ST-ZIP **INDIANAPOLIS IN**

TITLE **V** ☐ DELETE

NAME **DREHS, SCOTT**
STREET ADDRESS **7525 LINDER CT**
CITY-ST-ZIP **FISHERS IN**

TITLE **C** ☐ DELETE

NAME **BROWN, DAVID P**
STREET ADDRESS **9975 LAKESHORE DR., E.**
CITY-ST-ZIP **CARMEL IN**

TITLE **D** ☐ DELETE

NAME **ABRAHAMS, ROBERT J**
STREET ADDRESS **2610 CRESTWOOD LANE**
CITY-ST-ZIP **DEERFIELD IL**

TITLE **D** ☐ DELETE

NAME **MILLER, SANFORD**
STREET ADDRESS **7 FERNWOOD TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice-President** ☐ Change ☒ Addition

1.2 NAME **Eric R. Jones**
1.3 STREET ADDRESS **524 Twin Oaks Drive**
1.4 CITY-ST-ZIP **Carmel, IN 46032**

2.1 TITLE **Vice-President** ☐ Change ☒ Addition

2.2 NAME **Jack E. Plunkitt**
2.3 STREET ADDRESS **7050 Brackenridge Drive**
2.4 CITY-ST-ZIP **Indianapolis, IN 46236**

3.1 TITLE **Vice-President** ☐ Change ☒ Addition

3.2 NAME **Alex B. Gray**
3.3 STREET ADDRESS **12653 Walrond Road**
3.4 CITY-ST-ZIP **Noblesville, IN 46060**

4.1 TITLE **Vice-President** ☐ Change ☒ Addition

4.2 NAME **Joseph D. Bray**
4.3 STREET ADDRESS **10064 Whitebridge Court**
4.4 CITY-ST-ZIP **Cincinnati, OH 45242**

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.

0114896

CR2E034 (5/98)