## 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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000416 (4)

TRANEX CREDIT CORP.

1998

Principal Place of Business

Mailing Address

FILED
Jul 30 1998 8:00am
Secretary of State



7050 WEST WASHINGTON STREET 7050 WEST WASHINGTON STREET INDIANAPOLIS IN 46241 INDIANAPOLIS IN 46241 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 7602 Woodland Drive 26 7602 Woodland Drive 35-1813474 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. X \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Indianapolis, Added to Fees 23 Indianapolis, Country Country 8. This corporation owes or has paid the current year Intangible 25 46278 US 24 46278 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 City Zip Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. PCD TITLE 1.1 TITLE Change X Addition DELETE Eric R. Jones LEVINE. GARY L NAME 1.2 NAME 524 Twin Oaks Drive 3184 SMOKEY RIDGE LANE STREET ADDRESS 13 STREET ADDRESS Carmel, IN 46032 CARMEL IN CITY-ST-ZIF 1.4 CITY-ST-ZIP Vice-President VSD TITLE 21 TITLE X Addition DELETE CONGDON, JEFFREY D Jack E. Plunkitt NAME 2.2 NAME 7050 Brackenridge Drive 8835 SARGENT ROAD 2.3 STREET ADDRESS STREET ADDRESS Indianapolis, IN 46236 INDIANAPOLIS IN CITY-ST-ZIP 2.4 CITY-ST-ZIP Vice-President TITLE 3.1 TITLE X Addition DELETE Change DREHS, SCOTT Alex B. Gray NAME 3.2 NAME 12653 Walrond Road 7525 LINDER CT STREET ADDRESS 3.3 STREET ADDRESS Noblesville, IN 46060 FISHERS IN CITY-ST-ZIF 3.4 CITY-ST-ZIP Vice-President TITLE 4.1 TITLE DELETE L Change **Bro**wn, David P Joseph D. Bray 4.2 NAME NAME 10064 Whitebridge Court 9975 LAKESHORE DR., E. 4.3 STREET ADDRESS STREET ADDRESS **CARMEL IN** 4.4 CITY-ST-ZIP CITY-ST-ZIP <u>Cincinnati, OH 45242</u> TITLE 5.1 TITLE Change DELETE Addition ABRAHAMS, ROBERT J NAME 5.2 NAME 2610 CRESTWOOD LANE STREET ADDRESS 5.3 STREET ADDRESS DÉERFIELD IL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition

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 12 or Block 13 or Changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

MILLER, SANFORD

7 FERNWOOD TRAIL

ORMOND BEACH FL

7-13-48

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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,

Buthe Hamaly 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)

TRANEX CREDIT CORP.

Principal Place of Business		Mailing Address				II DOJIN ODKIO DOKAL DOJIN DKODE NOJO DKAL KODE
7050 WEST WASHINGTON STREET INDIANAPOLIS IN 46241		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		2a. Mailing Address		4. FEI Number	Applied For	
	2 Woodland Drive	26 7602 Wo	odland	Driv	re 35-1813474	Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	X \$8.75 Additional
City & Stat		City & State			Fee Required	
23 Indianapolis, IN		28 Indianapolis, IN		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution  8. This corporation owes or has p	Added to Fees	
24 4627	8 25 US	29 46278	30	US	Personal Property Tax due Jun	[
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	
C T CORPORATION SYSTEM			81	Name		-
	SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)		ble)
PLANTATION FL 33324			83			
			63			
			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  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PCO	DELETE	13.		ADDITIONS/CHANGES TO OFF	Change X Addition
NAME	LEVINE, GARY L	☐ DECE IS	1.2 NAME	-	Eric R. Jones	Change La Addition
STREET ADDRESS	A4A4 OMOVEY BIDGE LANE		1.3 STREET ADDRESS		524 Twin Oaks Drive	
CITY-ST-ZIP	CARMEL IN		1.4 CITY-ST		Carmel, IN 46032	
TITLE	VSD	DELETE	2.1 TITLE		Vice-President	Change X Addition
NAME	CONGDON, JEFFREY D		2.2 NAME		Jack E. Plunkitt	Part and
STREET ADDRESS	8835 SARGENT ROAD		2.3 STREET	ADDRESS	7050 Brackenridge	
CITY-ST-ZIP	INDIANAPOLIS IN	P-4	2.4 CITY-ST	ZIP	Indianapolis, IN	
TITLE	DREHS, SCOTT	DELETE	3.1 TITLE	1	Vice-Prasident Alex B. Gray	Change X Addition
NAME	7525 LINDER CT		3.2 NAME		12653 Walrond Roa	.a
STREET ADDRESS	FISHERS IN		3.3 STREET	•	Noblesville, IN 4	
CITY-ST-ZIP TITLE	C	□ NELEYE	3.4 CITY-ST	-ZIP	Vice-President	
NAME	BROWN, DAVID P	L. DELETE	4.2 NAME		Joseph D. Bray	Change
STREET ADDRESS	9975 LAKESHORE DR., E.		4.3 STREET	ADDRESS	10064 Whitebridge	Court
CITY-ST-ZIP	CARMEL IN		4.4 CITY-ST	- 1	Cincinnati, OH 45	
TITLE	D	DELETE	5.1 TITLE	·	CINCINNAVI, ON 15	Change Addition
NAME	ABRAHAMS, ROBERT J		5.2 NAME			
STREET ADDRESS	2610 CRESTWOOD LANE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	DEERFIELD IL		5.4 CITY-ST	ZIP		
TITLE	D MILLER, SANFORD	DELETE	6.1 TITLE			Change Addition
NAME STOCET ADDRESS	7 FERNWOOD TRAIL		6.2 NAME			
STREET ADDRESS	ORMOND BEACH FL		6.3 STREET			
14. I hereby ca	ertify that the information supplied with the	his filing does not qualify for the	6.4 CITY-ST	stated in se	ection 119 07/3/(i) Florida Statutos 1 6 od	ner certify that the information
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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1						