

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003199

Entity Name: KEYWEEMAN CORP.

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

1000 EAST 80TH PLACE, SUITE 700 NORTH
MERRILLVILLE, IN 46410 US

New Principal Place of Business:

Current Mailing Address:

1000 EAST 80TH PLACE, SUITE 700 NORTH
MERRILLVILLE, IN 46410 US

New Mailing Address:

FEI Number: 35-2017829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: YOUNG, BARBARA A
Address: 50 FRANKLIN STREET
City-St-Zip: VALPARAISO, IN 46383 US

Title: P () Delete
Name: BURNELL, LAWRENCE E
Address: 100 E. 80TH PLACE, STE 600 NORTH
City-St-Zip: MERRILLVILLE, IN 46410 US

Title: S () Delete
Name: BOWMAN, CAROL A
Address: 1000 EAST 80TH PLACE, SUITE 700 NORTH
City-St-Zip: MERRILLVILLE, IN 46410 US

Title: D () Delete
Name: BOWMAN, CAROL A
Address: 1000 EAST 80TH PLACE, SUITE 700 NORTH
City-St-Zip: MERRILLVILLE, IN 46410 US

Title: AS () Delete
Name: BURNELL, LAWRENCE E
Address: 1000 EAST 80TH PLACE, SUITE 600 NORTH
City-St-Zip: MERRILLVILLE, IN 46410 US

Title: D () Delete
Name: BURNELL, LAWRENCE E
Address: 1000 EAST 80TH PLACE, SUITE 600 NORTH
City-St-Zip: MERRILLVILLE, IN 46410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ANN BOWMAN

VP

01/05/2009

Electronic Signature of Signing Officer or Director

Date