FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PRQFIT **GORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000004327 (9)

SDG PROPERTIES VII, INC.

Principal Place of Business	Mailing Address
115 W. WASHINGTON ST., STE 15E INDIANAPOLIS IN 46204	N.5 W. WASHINGTON ST., STE 158 INDIANAPOLIS IN 46286

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 35-2024044 21 Not Applicable 26 P.O. BOX 7066, TAX DEPT. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 INDIANAPOLIS IN 46207 Fee Regulred 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. ☐ Yes 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 84 City 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 alguature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CD DELETE Change TITLE 1.1 TITLE SIMON, DAVID NAME 1.2 NAME 115 W. WASHINGTON ST STREET ADDRESS 1.3 STREET ADDRESS **INDIANAPOLIS IN** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE BARKLEY, JAMES M NAME 2.2 NAME 115 W. WASHINGTON ST STREET ADDRESS 2.3 STREET ADDRESS **INDIANAPOLIS IN** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 T(T) F STERRET, STEPHEN E STEPHEN E. STERRETT NAME 115 W. WASHINGTON ST STREET ADDRESS 3.3 STREET ADDRESS **INDIANAPOLIS IN** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition **SOKOLOV. RICHARD S** NAME 4. 2 NAME 115 W. WASHINGTON ST STREET ADDRESS 4.3 STREET ADDRESS **INDI**ANAPOLIS IN CITY-ST-ZIP 4.4 CiTY-ST-ZiP DELETE Change Addition 5.1 TITLE TITLE FOXWORTHY, RANDOLPH NAME 5.2 NAME 115 W. WASHINGTON ST STREET ADDRESS 5.3 STREET ADDRESS **INDIANAPOLIS IN** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE GARVEY, WILLIAM J NAME 6.2 NAME 115 W. WASHINGTON ST 6.3 STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN CITY-ST-ZIP 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

4-2058

3176361600