## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # F9700005974 .WATERFIELD FINANCIAL CORPORATION 01-29-2001 90170 021 \*\*\*150.00 Mailing Address Principal Place of Business ATTN: JANE KERNS - CORPORATE ACCOUNTING ATTN: JANE KERNS - CORPORATE ACCOUNTING 7500 W. JEFFERSON BLVD. 7500 W. JEFFERSON BLVD. FT. WAYNE IN 46804-4132 FT. WAYNE IN 46804-4132 2. Principal Place of Business 3. Mailing Address 7500 WEST JEFFERSON BLVD. 7500 WEST JEFFERSON BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ATTN: ANGELA THOMPSON ATTN: ANGELA THOMPSON Applied For City & State City & State 4. FEI Number 35-2015798 Not Applicable FORT WAYNE. FORT WAYNE, INDIANA \$8.75 Additional 5. Certificate of Status Desired 46804-4132 46804-4132 Fee Required USA U<u>SA</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. The above named entity súbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME WATERFIELD, RICHARD D NAME STREET ADDRESS STREET ADDRESS 7500 W. JEFFERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP -FT: WAYNE'IN'46804-4132 TITLE DP TITLE Change ☐ Addition ☐ Delete NAME SHERMAN, DONALD A NAME STREET ADDRESS 7500 W. JEFFERSON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WAYNE IN 46804-4132 TITLE Change ☐ Addition TITLE ☐ Delete von Deylen, Jerry D NAME NAME STREET ADDRESS STREET ADDRESS 45 N. PENNSYLVANIA ST. CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46204 Addition Delete Change TIT! F TITLE ENSTROM. DARRYL B NAME NAME VINCENT J. OTTO STREET ADDRESS STREET ADDRESS 7500 W. JEFFERSON BLVD. 7500 W. JEFFERSON BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. WAYNE IN 46804-4132 FT. WAYNE, IN-46804-4132 TITLE ☐ Delete TITLE Change ☐ Addition SCHMIDT, MARSHA K NAME NAME STREET ADDRESS 7500 W. JEFFERSON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WAYNE IN 46804-4132 TITLE Change --- Addition-Delete TITLE NAME : ---DUNLAP: MICHAEL J NAME STREET ADDRESS 7500 W. JEFFERSON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WAYNE IN 46804-4132 13. 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 report or supplemental 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 11 or Block 12 if

MICHAEL

SIGNING OFFICER OR DIRECTOR

<u> 219-434-8270</u>