

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90074 003 ***150.00

0624485 AT

DOCUMENT # F97000005974

1. Entity Name

WATERFIELD FINANCIAL CORPORATION

Principal Place of Business

ATTN: ANGELA THOMPSON
7500 W. JEFFERSON BLVD.
FT. WAYNE IN 46804-4132

Mailing Address

ATTN: ANGELA THOMPSON
7500 W. JEFFERSON BLVD.
FT. WAYNE IN 46804-4132

2. Principal Place of Business

7500 W JEFFERSON BLVD.

Suite, Apt. #, etc.

ATTN: ANGELA THOMPSON

City & State

FORT WAYNE, IN

Zip

46804

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. FEI Number

35-2015798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **WATERFIELD, RICHARD D**
STREET ADDRESS **7500 W. JEFFERSON BLVD.**
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

TITLE **DP** ☐ Delete
NAME **SHERMAN, DONALD A**
STREET ADDRESS **7500 W. JEFFERSON BLVD.**
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

TITLE **D** ☐ Delete
NAME **VON DEYLEN, JERRY D**
STREET ADDRESS **45 N. PENNSYLVANIA ST.**
CITY-ST-ZIP **INDIANAPOLIS IN 46204**

TITLE **V** ☐ Delete
NAME **OTTO, VINCENT J**
STREET ADDRESS **7500 W. JEFFERSON BLVD.**
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

TITLE **S** ☐ Delete
NAME **SCHMIDT, MARSHA K**
STREET ADDRESS **7500 W. JEFFERSON BLVD.**
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

TITLE **T** ☒ Delete
NAME **DUNLAP, MICHAEL J**
STREET ADDRESS **7500 W. JEFFERSON BLVD.**
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **NATHAN C. ANGUIANO**
CITY-ST-ZIP **7500 W JEFFERSON BLVD.**
FT WAYNE, IN 46804

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

SIGNATURE: *Angela Thompson* **ANGELA K THOMPSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

260/434-8411
Daytime Phone #

CR2E034 (9/01)