

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 016 ***150.00

DOCUMENT # F97000005974

1. Entity Name
WATERFIELD FINANCIAL CORPORATION



Principal Place of Business
**7500 W. JEFFERSON BLVD.
ATTN: KATHLEEN A. SMITH
FORT WAYNE, IN 46804**

Mailing Address
**7500 W. JEFFERSON BLVD.
ATTN: KATHLEEN A. SMITH
FORT WAYNE, IN 46804**

14016135



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2015798

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCOB WATERFIELD, RICHARD D 7500 W. JEFFERSON BLVD. FT. WAYNE, IN 468044132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHERMAN, DONALD A 7500 W. JEFFERSON BLVD. FT. WAYNE, IN 468044132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOLEN, ALVIN T III 45 N. PENNSYLVANIA STREET INDIANAPOLIS, IN 46204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OTTO, VINCENT J 7500 W. JEFFERSON BLVD. FT. WAYNE, IN 468044132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SCHMIDT, MARSHA K 7500 W. JEFFERSON BLVD. FT. WAYNE, IN 468044132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANGUIANO, NATHAN C 7500 W. JEFFERSON BLVD. FT. WAYNE, IN 468044132

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kathleen A. Smith

04/28/05

Date

260.434.8346

Daytime Phone #