

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

0667064 AR

**DOCUMENT # F97000005974**

1. Entity Name  
**WATERFIELD FINANCIAL CORPORATION**



04-18-2003 90166 018 \*\*\*150.00

Principal Place of Business  
**7500 W. JEFFERSON BLVD.**  
**ATTN: ANGELA THOMPSON**  
**FORT WAYNE IN 46804**

Mailing Address  
**7500 W. JEFFERSON BLVD.**  
**ATTN: ANGELA THOMPSON**  
**FORT WAYNE IN 46804**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-2015798**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VICE CHAIRMAN OF THE BOARD** ☒ Change ☐ Addition  
NAME **WATERFIELD, RICHARD D**  
STREET ADDRESS **7500 W JEFFERSON BLVD.**  
CITY-ST-ZIP **FORT WAYNE, IN 46804**

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

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

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

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **ALVIN T. STOLEN, III**  
STREET ADDRESS **45 N PENNSYLVANIA STREET**  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **ASSISTANT SECRETARY** ☒ Change ☐ Addition  
NAME **SCHMIDT, MARSHA K**  
STREET ADDRESS **7500 W JEFFERSON BLVD**  
CITY-ST-ZIP **FT WAYNE, IN 46804**

TITLE **T** ☐ Delete  
NAME **ANGUIANO, NATHAN C**  
STREET ADDRESS **7500 W. JEFFERSON BLVD.**  
CITY-ST-ZIP **FT. WAYNE IN 46804-4132**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2003

Date

260-434-8346

Daytime Phone #

CR2E034 (10/02)