2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# F98000000071

Entity Name: MAINGATE, INC.

Current Principal Place of Business:

1175 WESTERN DR
INDIANAPOLIS, IN 46241

New Principal Place of Business:

7900 ROCKVILLE ROAD
INDIANAPOLIS, IN 46214

Current Mailing Address:

1175 WESTERN DR
INDIANAPOLIS, IN 46241

New Mailing Address:

7900 ROCKVILLE ROAD
INDIANAPOLIS, IN 46214

FEI Number: 95-2499747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MOROKNEK, DAVID I
Address: 1175 WESTERN DR
City-St-Zip: INDIANAPOLIS, IN 46241

Title: VD ( ) Delete
Name: LYNCH, BRUCE K
Address: 1175 WESTERN DR
City-St-Zip: INDIANAPOLIS, IN 46241

Title: T ( ) Delete
Name: ROBERTS, REGAN A
Address: 1175 WESTERN DR
City-St-Zip: INDIANAPOLIS, IN 46241

Title: VD ( ) Delete
Name: WALLISER, NED A
Address: 1175 WESTERN DR
City-St-Zip: INDIANAPOLIS, IN 46241

Title: S (X) Delete
Name: SEEVERS, DAVID P
Address: 1175 WESTERN DR
City-St-Zip: INDIANAPOLIS, IN 46241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOROKNEK, DAVID I
Address: 7900 ROCKVILLE RD
City-St-Zip: INDIANAPOLIS, IN 46214

Title: VD (X) Change ( ) Addition
Name: LYNCH, BRUCE K
Address: 7900 ROCKVILLE RD
City-St-Zip: INDIANAPOLIS, IN 462I4

Title: S (X) Change ( ) Addition
Name: HALL, JAMES R
Address: 7900 ROCKVILLE ROAD
City-St-Zip: INDIANAPOLIS, IN 46214

Title: VD (X) Change ( ) Addition
Name: WALLISER, NED A
Address: 7900 ROCKVILLE ROAD
City-St-Zip: INDIANAPOLIS, IN 46214

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HALL S 03/28/2007

Electronic Signature of Signing Officer or Director — Date