

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90007 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # ~~F9000001516~~  
 1. Corporation Name **F98000001516 OK2**  
 SDG Acquisitions, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business  
**21** 115 W. Washington St  
 Suite, Apt. #, etc.  
**22**  
 City & State  
**23** Indianapolis IN  
 Zip Country  
**24** 46204 **25** US

2a. Mailing Address  
**26** P.O. Box &066, Tax  
 Suite, Apt. #, etc.  
**27** Suite 15 East  
 City & State  
**28** Indianapolis In  
 Zip Country  
**29** 46207 **30** US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 3-17-98

4. FEI Number  
 35-2043772 Applied For  
 Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Richard S. Sokolov	
STREET ADDRESS	115 West Washington St	
CITY - ST - ZIP	Indianapolis In 46204	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	James Barkley	
STREET ADDRESS	115 W. Washington Street	
CITY - ST - ZIP	Indianapolis IN 46204	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Melvin Simon	
STREET ADDRESS	115 West Washington Street	
CITY - ST - ZIP	Indianapolis In 46204	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen Sterrett	
1.3 STREET ADDRESS	115 W. Washington Street	
1.4 CITY - ST - ZIP	Indianapolis In 46204	
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herbert Simon	
2.3 STREET ADDRESS	115 West Washington Street	
2.4 CITY - ST - ZIP	Indianapolis In 46204	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-27-99 Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)