

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 038 ***150.00

DOCUMENT # F98000001516

1. Entity Name
SDG ACQUISITIONS, INC.

Principal Place of Business Mailing Address
115 W. WASHINGTON ST., STE 15E ~~PO BOX 8000 TAX~~
INDIANAPOLIS IN 46204 ~~STE 15 E~~
US **INDIANAPOLIS IN 46207**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State **P.O. Box 7066, TAX DEPT.**
 Zip **Indianapolis IN**
 Country **46207**
 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **35-2043772** Applied For
 Not Applicable

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

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

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete SIMON, MELVIN 115 W. WASHINGTON STREET INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMON, HERBERT 115 W. WASHINGTON STREET INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SOKOLOV, RICHARD S 115 W. WASHINGTON STREET INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete STERRETT, STEPHEN E 115 W. WASHINGTON STREET INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete BARKLEY, JAMES M 115 W. WASHINGTON STREET INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* Date: 4/26/2000 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (9/99)