
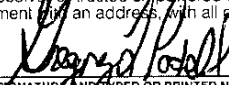
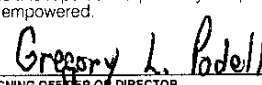



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90560 015 \*\*\*150.00

<b>DOCUMENT # F98000005327</b> 1. Entity Name <b>GALBREATH INCORPORATED OF INDIANA</b>					
Principal Place of Business <b>ROSSER DR WINAMAC, IN 46996</b>			Mailing Address <b>P.O. BOX 220 WINAMAC, IN 46996</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>35-1867754</b>	
- Zip -		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>WALTON, CHARLES W</b> <b>25800 SCIENCE PARK DRIVE, SUITE 140</b> <b>BEACHWOOD, OH 44122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>President (P)</b> <b>Podell, Gregory L.</b> <b>461 Rosser Drive</b> <b>Winamac IN 46996</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PODELL, GREGORY L</b> <b>421 SOUTH MONTICELLO ST</b> <b>WINAMAC, IN 46996</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer (T)</b> <b>Garcia, Richard</b> <b>25800 Science Park Dr. Suite 140</b> <b>Beachwood, OH 44122</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARCIA, RICHARD</b> <b>25800 SCIENCE PARK DRIVE, SUITE 140</b> <b>BEACHWOOD, OH 44122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Secretary (S)</b> <b>Paige M. Farinacci</b> <b>25800 Science Park Dr. Suite 140</b> <b>Beachwood, OH 44122</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RASMUSSEN, ROBERT</b> <b>25800 SCIENCE PARK DRIVE, SUITE 140</b> <b>BEACHWOOD, OH 44122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARVEY, LARRY W II</b> <b>1537 BRIAR LANE</b> <b>ROCHESTER, IN 46975</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WHITFORD, NEIL</b> <b>25800 SCIENCE PARK DRIVE, STE 140</b> <b>BEACHWOOD, OH 44122</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 to this address, with all other like empowered.					
SIGNATURE:    <b>574-946-6631</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					