

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90177 024 \*\*\*550.00

**DOCUMENT # F98000005327**

**1. Entity Name**  
**GALBREATH INCORPORATED OF INDIANA**



**Principal Place of Business**  
**ROSSER DR**  
**WINAMAC IN 46996**

**Mailing Address**  
**ROSSER DR**  
**WINAMAC IN 46996**

**2. Principal Place of Business**

**3. Mailing Address**

**P.O. Box 220**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Winamac IN**

Zip

Country

Zip

Country

**46996**

**4. FEI Number 35-1867754**

Applied For

Not Applicable

**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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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**  
**NAME**  
**WALTON, CHARLES W**  
**STREET ADDRESS**  
**25800 SCIENCE PARK DRIVE, SUITE 140**  
**CITY-ST-ZIP**  
**BEACHWOOD OH 44122**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**V**  
**NAME**  
**PODELL, GREGORY L**  
**STREET ADDRESS**  
**421 SOUTH MONTICELLO ST**  
**CITY-ST-ZIP**  
**WINAMAC IN 46996**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**D**  
**NAME**  
**GARCIA, RICHARD**  
**STREET ADDRESS**  
**25800 SCIENCE PARK DRIVE, SUITE 140**  
**CITY-ST-ZIP**  
**BEACHWOOD OH 44122**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**V**  
**NAME**  
**RASMUSSEN, ROBERT**  
**STREET ADDRESS**  
**25800 SCIENCE PARK DRIVE, SUITE 140**  
**CITY-ST-ZIP**  
**BEACHWOOD OH 44122**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**V**  
**NAME**  
**HARVEY, LARRY W II**  
**STREET ADDRESS**  
**1537 BRIAR LANE**  
**CITY-ST-ZIP**  
**ROCHESTER IN 46975**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ Addition

**TITLE**  
**S**  
**NAME**  
**SULLIVAN, JOSEPH D**  
**STREET ADDRESS**  
**25800 SCIENCE PARK DRIVE, SUITE 140**  
**CITY-ST-ZIP**  
**BEACHWOOD IN 46975**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change

☐ 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 with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/24/2003**

**574-946-6631**

CR2E034 (4/03)