## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001011

Entity Name: CARMEL FINANCIAL CORPORATION, INC.

FILED Jan 12, 2009 Secretary of State

Littly Na	IIIe. CARIVIEI	FINANCIAL CORFORATION	i, iivo.			
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
101 E. CARMEL DR., STE. 200 CARMEL, IN 46032			101 E. CARMEL DR STE 200 CARMEL, IN 46032			
Current M	lailing Addre	ss:	New Mai	New Mailing Address:		
101 E. CARMEL DR., STE. 200 CARMEL, IN 46032			101 E. CARMEL DR STE 200 CARMEL, IN 46032			
FEI Number	: 35-1152804	FEI Number Applied For ( )	FEI Number Not Ap	plicable ( ) Certificate of Status De	sired ( )	
Name and	Address of	Current Registered Agent:	Name an	d Address of New Registered Agen	ıt:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 3332 a named entity e of Florida.	ND ROAD 4 US	purpose of changing	its registered office or registered age	nt, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	jent	Date		
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICER	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	SHEEHAN, TH	EL DR., STE. 200	Title: Name: Address: City-St-Zip:	EO (X) Change ( ) Addition SHEEHAN, THOMAS P 101 E. CARMEL DR., STE. 200 CARMEL, IN 46032		
Title: Name: Address: City-St-Zip:	VAN HOOZER	EL DR., STE. 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SHEEHAN, TR	EL DR., STE. 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	HELSTROM, J	EL DR., STE. 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition HALLETT, JOHN 101 E. CARMEL DRIVE, SUITE 200 CARMEL, IN 46032		

I hereby certify that the information supplied with this filing does not qualify 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: TRACEY SHEEHAN PRES 01/12/2009