

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90742 021 ***150.00

DOCUMENT # F99000001797	
1. Entity Name BERNARDIN, LOCHMUELLER AND ASSOCIATES, INC.	

Principal Place of Business 6200 VOGEL ROAD EVANSVILLE, IN 47715-4006	Mailing Address 6200 VOGEL ROAD EVANSVILLE, IN 47715-4006
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04302004 Chg-P	CR2E034 (10/03)
4. FEI Number 35-1455938	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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LOCHMUELLER, KEITH 516 E ADAMS CHANDLER, IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS H. CERVONE 301 E MILL ROAD EVANSVILLE, IN 47711 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNARDIN, VINCENT L 7801 BRIARWOOD DRIVE EVANSVILLE, IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ISLEY, DAVID L 2030 W. ILLINOIS EVANSVILLE, IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOERSTE, DEAN W ONE OXFORD LANE TELL CITY, IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULICK, JAMES R 7400 OUTER GRAY ROAD NEWBURGH, IN 47630 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WANNEMUEHLER, MATTHEW E 6407 W. MILL ROAD EVANSVILLE, IN 47720 ☐ 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: <i>Keith Lochmuller</i>	PRESIDENT	4/29/04	812-479-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #