2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F99000001797

1. Entity Name
BERNARDIN, LOCHMUELLER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6200 VOGEL ROAD EVANSVILLE, IN 47715-4006	6200 VOGEL ROAD EVANSVILLE, IN 47715-4006

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000909636
05/06/08-80078-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	LOCHMUELLER, KEITH
STREET ADDRESS	516 E ADAMS
CITY-ST-ZIP	CHANDLER, IN 47610
TITLE	TD
NAME	BOERSTE, DEAN W
STREET ADDRESS	3755 OXFORD RD
CITY-ST-ZIP	TELL CITY, IN
TITLE	D
NAME	GULICK, JAMES R
STREET ADDRESS	7400 OUTER GRAY ROAD
CITY-ST-ZIP	NEWBURGH, IN 47630
TITLE	SD
NAME	WANNEMUEHLER, MATTHEW E
STREET ADDRESS	6407 W. MILL ROAD
CITY-ST-ZIP	EVANSVILLE, IN 47720
TITLE	PD
NAME	HINTON, MICHAEL R.
STREET ADDRESS	10900 BROWNING RD
CITY-ST-ZIP	EVANSVILLE, IN 47725
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Keith Lochmueller Keith Lochmueller, C.E.O. 4/18/08 812/479-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #