2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002242



1. Entity Name AUSTRALIAN GOLD, INC.						TOTAL STATE OF THE	01-22-2003 900	43 032 ***150	0.00
Principal Place 6270 CORPOR INDIANAPOLIS	ATE DRIVE		Mailing Address 6270 CORPORATE DRIVE INDIANAPOLIS IN 46278-2900						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. 6	4. FEI Number 35-2021295 Applied For Not Applicable		
Zip	p Country		Zip	Zip Count		5. (Certificate of Status Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY					Name				
1201 HAY		ion odim ratt	Street Address			s (P.O. B	Box Number is Not Acceptable)		
	SSEE FL 32	301-2525							
ż				City			FL Zip Coo	le	
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						,	Election Campaign Financin Trust Fund Contribution.		00 May Be d to Fees
10.		OFFICERS AND I	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		EVOR PORATE DRIVE DLIS IN 46278-2900	☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NA H PORATE DRIVE DLIS IN 46278-2900	☐ Delete	4	Į.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HARD A PORATE DR DLIS IN 46278-6900	☐ Delete		1			☐ Change	☐ Addition
	VP HARTLIEB, LESLIE 6270 CORPORATE DR INDIANAPOLIS IN 46278-2900							Change	☐ Addition
	6270 CORI	PP, WILLIAM 270 CORPORATE DR						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ 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:

Daytime Phone #