2000	UNIFORM BUS	NESS REPO	RT ((UBR	<u>} </u>				
DOCUN 1. Entity Name	MENT # F9900000296	7.		era,		SE	FILED DREJARY OI ON OF CORI	FSTATE	
Duke S	ervices, Inc.					SIVISI	ON OF COR	PURATIONS	
		· · · · · · · · · · · · · · · · · · ·				00.	JUL 19 AF	111:17	
Principal Place of Business Mailing Address						,	- 1.2 A)) 111 • 1 · 4.	
Suite		8888 Keystone Crossing Suite 1200							
Indianapolis, IN 46240 Indianapolis, IN				6240					
2. Principal Pl	ace of Business	3. Mailing Address 4497 Park Drive							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1.	DO NOT WRITE IN THIS SPACE			
City & State	•	City & State Norcross, GA 30093			4. FEI Num 35-18	ber 98420	├	pplied For lot Applicable	
Zip	Country	Zip Cor		ntry	5. Certifica	te of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				Name	7. Name a	nd Address of New Regist	ered Agent		
CT Corporation System 1200 South Pine Island Road			II	Street Address (P.O. Box Number is Not Acceptable)					
Plantation, FL 33324							· - ·		
•				City	FL Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or	registered agent, or l	ooth, in the state of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	. Registere	d Agent signatu	re required when reinstating)		DATE		
					<u></u>				
	FILE NOW: FEE IS \$61.25	9: Election Campaign Trust Fund Contrib		ng.	\$5.00 May Be Added to Fees	Make Ch Depart	eck Payable t ment of State	0	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/0	CHANGES TO OFFICERS A	ND DIRECTORS I		
TITLE	Director Gary A. Burk						☐ Change	☐ Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		NAM STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP		10000335	142 4		
TITLE NAME	Director □ Delete Thomas L. Hefner		TITLE	1	l	-08/03/00			
STREET ADDRESS	8888 Keystone Crossing, Suite 1200		1	ET ADDRESS		****461.7	25 ****46	01.52	
CITY-ST-ZIP	Indianapolis, IN 46240		CITY	-ST-ZIP		<u>100000335</u>			
TITLE	Director	Delete	TITLI			-03/03/00 *****99	U110119@Hangel 75 *******		
NAME STREET ADDRESS	Darrell E. Zink, Jr 8888 Keystone Cross			ET ADDRESS		**************************************	() instrument		
CITY-ST-ZIP	Indianapolis. IN 46		CITY	-ST-ZIP				,	
TITLE	Director	Delete	TITL				☐ Change	☐ Addition	
NAI. STREET ADDRESS	Da víd R. Mennel 8888 Keystone Cross	ing. Suite 1200	NAM STRE	et address				{	
CITY-ST-ZIP	Indianapolis, IN 46		CITY	-ST-ZIP					
TITLE	EVP.	☐ Delete	TITLE				☐ Change	☐ Addition ·	
NAME STREET ADDRESS	Dennis D. Oklak 8888 Keystone Cross	ing, Suite 1200	NAM STRE	et address					
CITY-ST-ZIP	Indianapolis, IN 46			-ST-ZIP	-				
TITLE	Secretary	☐ Delete	TITL			7	X Change	☐ Addition	
NAME Street Address	John R. Gaskin 8888 Keystone Cross	ing. Suite 1200	NAM STRE	le Et address	4497 Park	Drive	<i>)</i>	A	
CITY-ST-ZIP	Indianapolis, IN 46			-ST-ZIP	Norcross,		<u></u>	AD_	
42 I boroby o	portify that the information supplied with	this filing does not qualify fo	the eve	motion etai	ted in Section 119 07	(3Vi) Florida Statutes I furth	ner certify that the	intermation	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with athorner like empowered.

SIGNATURE:

John R. Gaskin, Sec. 6/9/00 770-638-2610