FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 04, 2001 8:00 am Secretary of State DOCUMENT # F99000002967 1. Entity Name 05-04-2001 90166 016 ***150.00 Duke Services, Inc. Principal Place of Business Mailing Address 8888 Keystone Crossing 8888 Keystone Crossing Suite 1200 Suite 1200 Indianapolis, In 46240 Indianapolis, IN 46240 **CONGO385** 2. Principal Place of Business 3. Mailing Address 600 East 96th Street 3950 Shackleford Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 300 Suite 100 City & State 4. FEI Number Applied For City & State Not Applicable <u>Indianapolis,</u> Duluth. IN Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 30096 USA Fee Required 46240 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Zip Code FL 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. √ Change Addition TITLE □ Delete TITLE Director NAME NAME Gary A. Burk O^{STREET ADDRESS} 600 East 96th St., Suite 100 STREET ADDRESS 8888 Keystone Crossing, Ste.120 CITY-ST-ZIP CITY-ST-ZIP Indianapolis, IN 46240 <u>Indianpolis,, IN 46240</u> ☐ Addition X Change ☐ Delete TITLE TITLE Director Thomas L. Hefner NAME NAME STREET ADDRESS STREET ADDRESS 8888 Keystone Crossing, Ste. 1200 600 East 96th Street, Suite 100 CITY-ST-ZIP CITY-ST-7IP Indianapolis, IN 46240 <u>Indianapolis, IN 46240</u> TITLE ☐ Addition Director Darrell E. Zink, Jr. NAME NAME 8888 Keystone Crossing, Ste. 1200 STREET ADDRESS 600 East 96th Street, Suite 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Indianapolis, IN 46240</u> Indianapolis, IN 46240 T Change Addition TITLE Delete TITLE EVP NAME NAME Dennis D. Oklak STREET ADDRESS STREET ADDRESS 8888 Keystone Crossing, Ste. 1200 600 East 96th Street, Suite 100 <u>Indianapolis, IN 462</u>40 CITY-ST-ZIP CITY-ST-ZIP <u>Indianapolis, IN 46240</u> X Change ☐ Addition Secretary ☐ Delete TITLE John R. Gaskin NAME NAME STREET ADDRESS 3950 Shackleford Road, Suite 300 STREET ADDRESS 4497 Park Drive CITY-ST-7IP <u>Duluth, GA</u> 30096 CITY-ST-7IP Norcross. GA 30093

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Gaskin. Sec.

Change

Addition