

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003456

1. Entity Name

LILLY INDUSTRIES, INC.

APPROVED  
AND  
FILED

00 MAR -9 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 733 SOUTH WEST STREET INDIANAPOLIS IN 46225	Mailing Address 733 SOUTH WEST STREET INDIANAPOLIS IN 46290-1092
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2. Principal Place of Business 200 WEST 103 <sup>RD</sup> STREET Suite, Apt. #, etc.	3. Mailing Address 200 WEST 103 <sup>RD</sup> STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State INDIANAPOLIS, INDIANA Zip 46290	City & State INDIANAPOLIS, INDIANA Zip 46290
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4. FEI Number 35-0471010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC HUEMME, DOUGLAS W 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, ROBERT A 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALTON, LARRY H 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DORRIS, WILLIAM C 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ELBIN, JOHN C 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCAS MILLS, KENNETH L 733 SOUTH WEST STREET INDIANAPOLIS IN 46225 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 WEST 103 <sup>RD</sup> STREET INDIANAPOLIS, INDIANA 46290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300003171623-3 -03/15/00-01101-024 SAME CHANGE ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME CHANGE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 14.07(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.

SIGNATURE: Kenneth L. Mills 1/20/00 317-814-8736  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #