FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # H86924 (8)

1. Corporation Name
THOMAS GROUP, INC.

Principal Place of Business	Mailing Address
1 VIRGINIA AVENUE, SUITE 200 P. O. BOX 441370 INDIANAPOLIS IN 46244-8370	1 VIRGINIA AVENUE, SUITE 200 P. O. BOX 441370 INDIANAPOLIS IN 46244-8370

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/26/1985
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21: 1 N Pennsylvania St #200
22: Suite, Apt. #, etc
23: City & State: Indpls IN 46204
24: Zip
25: Country

2a. Mailing Address
26: PO BOX 441370
27: Suite, Apt. #, etc
28: City & State: Indpls IN 46244-1370
29: Zip
30: Country

4. FEI Number: 58-1658305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

MEYERS, DAVID
311 N. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	1-1 TITLE	☒ Change	☐ Addition
NAME	THOMAS, M.E., JR.	1-2 NAME		
STREET ADDRESS	1 VIRGINIA AVE #200	1-3 STREET ADDRESS	1 N Pennsylvania St #200	
CITY-ST-ZIP	INDIANAPOLIS IN	1-4 CITY-ST-ZIP	Indpls IN 46204	
TITLE	VD	2-1 TITLE	☒ Change	☐ Addition
NAME	DONATO, ALBERT	2-2 NAME		
STREET ADDRESS	1 VIRGINIA AVE #200	2-3 STREET ADDRESS	1 N Pennsylvania St #200	
CITY-ST-ZIP	INDIANAPOLIS IN	2-4 CITY-ST-ZIP	Indpls IN 46204	
TITLE	VD	3-1 TITLE	☐ Change	☐ Addition
NAME	MEYERS, DAVID	3-2 NAME		
STREET ADDRESS	311 N. CLYDE MORRIS BLVD	3-3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	3-4 CITY-ST-ZIP		
TITLE		4-1 TITLE	☐ Change	☐ Addition
NAME		4-2 NAME		
STREET ADDRESS		4-3 STREET ADDRESS		
CITY-ST-ZIP		4-4 CITY-ST-ZIP		
TITLE		5-1 TITLE	☐ Change	☐ Addition
NAME		5-2 NAME		
STREET ADDRESS		5-3 STREET ADDRESS		
CITY-ST-ZIP		5-4 CITY-ST-ZIP		
TITLE		6-1 TITLE	☐ Change	☐ Addition
NAME		6-2 NAME		
STREET ADDRESS		6-3 STREET ADDRESS		
CITY-ST-ZIP		6-4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is absolutely true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M E THOMAS JR, PRESIDENT | 2/6/95 | 317-231-1000
Date | Telephone Number

0470706 FP