2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# M06000000922

Entity Name: HIS CONSTRUCTORS, LLC

Current Principal Place of Business:

5150 E. 65TH STREET
SUITE B
INDIANAPOLIS, IN 46220

New Principal Place of Business:

Current Mailing Address:

5150 E. 65TH STREET
SUITE B
INDIANAPOLIS, IN 46220

New Mailing Address:

FEI Number: 90-0177865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MORGAN, TERRY
Address: 5150 E. 65TH STREET, SUITE B
City-St-Zip: INDIANAPOLIS, IN 46220

Title: MGR ( ) Delete
Name: CRIDER, STEVEN
Address: 1900 LIBERTY DRIVE
City-St-Zip: BLOOMINGTON, IN 47403

Title: MGR ( ) Delete
Name: CRIDER, JEFFREY
Address: 1900 LIBERTY DRIVE
City-St-Zip: BLOOMINGTON, IN 47403

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: CRIDER, ROBERT
Address: 1900 LIBERTY DRIVE
City-St-Zip: BLOOMINGTON, IN 47403

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LESLEY HOLLAND ACCT 06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date