

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002823

FILED  
Jan 02, 2008  
Secretary of State

Entity Name: CAL TAN, LLC

**Current Principal Place of Business:**

6270 CORPORATE DRIVE  
INDIANAPOLIS, IN 462782900

**New Principal Place of Business:**

6270 CORPORATE DRIVE  
INDIANAPOLIS, IN 46278

**Current Mailing Address:**

6270 CORPORATE DRIVE  
INDIANAPOLIS, IN 462782900

**New Mailing Address:**

6270 CORPORATE DRIVE  
INDIANAPOLIS, IN 46278

FEI Number: 61-1515036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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: HARTLIEB, LESLEY A  
Address: 6270 CORPORATE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: MGR ( ) Delete  
Name: PIPP, WILLIAM J  
Address: 7445 COMPANY DRIVE  
City-St-Zip: INDIANAPLIS, IN 462379296

Title: MGR ( ) Delete  
Name: KEIFFNER, JOHN  
Address: 6270 CORPORATE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: MGR ( ) Delete  
Name: HILBERT, STEPHEN C  
Address: 6270 CORPORATE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: MGR ( ) Delete  
Name: HILBERT, TOMISUE S  
Address: 6270 CORPORATE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 462782900

Title: MGR ( ) Delete  
Name: ADAMS, JAMES S  
Address: 6270 CORPORATE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 462782900

**ADDITIONS/CHANGES:**

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

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

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

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

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

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

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: LESLIE A. HARTLIEB

MGR

01/02/2008

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