

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01749

FILED
Jun 02, 2005
Secretary of State

Entity Name: PHI GAMMA, INC.

Current Principal Place of Business:

8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268

New Principal Place of Business:

Current Mailing Address:

8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268

New Mailing Address:

FEI Number: 43-0769468 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: CBD () Delete
Name: COHEN, PHILIP H
Address: 30 BEEKMAN PL., #7-C
City-St-Zip: NEW YORK, NY 10022

Title: PD () Delete
Name: SINGER, BRUCE
Address: 6461 PINETREE DR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD () Delete
Name: DUNN, SIDNEY N
Address: 8815 WESLEYAN RD.
City-St-Zip: INDIANAPOLIS, IN 46268

Title: VP () Delete
Name: TERRONE, ROGER
Address: 1400 SW 72ND CT
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: STEIN, RICHARD
Address: 1669 MARSHALL DR.
City-St-Zip: DES PLAINES, IL 60018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: HOLUB, MICHAEL R
Address: 8815 WESLEYAN RD.
City-St-Zip: INDIANAPOLIS, IN 46268

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

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

Title: D () Change (X) Addition
Name: KATZ, MARC P
Address: 8910 PURDUE ROAD, SUTIE 480
City-St-Zip: INDIANAPOLIS, IN 46268

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC P. KATZ

D

06/02/2005

Electronic Signature of Signing Officer or Director

Date