

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01749

Entity Name: PHI GAMMA, INC.

FILED
Feb 26, 2007
Secretary of State

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 ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: AXELROD, IRVING A
Address: 1144 CHELSEA AVE, CHELSEA PARK C
City-St-Zip: SANTA MONICA, CA 90403

Title: SEC () Delete
Name: BORANS, ANDREW S
Address: 8815 WESLEYAN ROAD
City-St-Zip: INDIANAPOLIS, IN 46268

Title: TREA () Delete
Name: BORANS, ANDREW S
Address: 8815 WESLEYAN ROAD
City-St-Zip: INDIANAPOLIS, IN 46268

Title: DIR () Delete
Name: SCHERER, A EDWARD
Address: 701 EL BERRO
City-St-Zip: SAN CLEMENTE, CA 92672

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

Title: VP () Delete
Name: KATZ, MARC P
Address: 8910 PURDUE ROAD, SUTIE 480
City-St-Zip: INDIANAPOLIS, IN 46268

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VP (X) Change () Addition
Name: KATZ, MARC P
Address: 8910 PURDUE ROAD, SUITE 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 Chapter 119, 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: ANDREW S BORANS

SEC

02/26/2007

Electronic Signature of Signing Officer or Director

Date