

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01749

Entity Name: PHI GAMMA, INC.

FILED  
Mar 28, 2008  
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: 20-5457160

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, SUITE 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: ( ) 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 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

03/28/2008

Electronic Signature of Signing Officer or Director

Date