2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N01749

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: 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 04/28/2009

Electronic Signature of Signing Officer or Director — Date