

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 003 ****61.25

DOCUMENT # N99000005307

1. Entity Name
PHI TAU, INC.



Principal Place of Business
8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268

Mailing Address
8815 WESLEYAN ROAD
INDIANAPOLIS, IN 46268

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3616665

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHWARTZ, BARRY
STREET ADDRESS 701 BRICKELL KEY BLVD, #2303
CITY-ST-ZIP MIAMI, FL 33131

TITLE PD ☐ Delete
NAME COHON, PHILIP H
STREET ADDRESS 30 BEEKMAN PLACE, #7-C
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☒ Delete
NAME COHON, SCOTT
STREET ADDRESS 5550 SW 28TH TERRACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

TITLE ☒ Delete
NAME DUNN, SIDNEY N
STREET ADDRESS 8815 WESLEYAN ROAD
CITY-ST-ZIP INDIANAPOLIS, IN 46268

TITLE D ☒ Delete
NAME KATZ, MARC
STREET ADDRESS 8681 JAFFA COURT EAST DRIVE, #36
CITY-ST-ZIP INDIANAPOLIS, IN 46260

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME DS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME Paul Aronin
STREET ADDRESS 1221 Wood Hollow Ln
CITY-ST-ZIP Marietta, GA 30067

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/04

317-8761913