FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 10:52

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P02533 (8)

1. Corporation Name

THE HOWARD E. NYHART COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
3505 WASHINGTON BOULEVARD PO BOX 88187 INDIANAPOLIS IN 46208	3505 WASHINGTON BOULEVARD PO BOX 88187 INDIANAPOLIS IN 46208

3. Date Incorporated or Qualified: 06/26/1984

3a. Date of Last Report: 04/01/1994

4. FEI Number: 35-0966414 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	OVERMAN, CARL D.	1.2 NAME	
STREET ADDRESS	1155 QUESTOVER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAUSS, JOHN L	2.2 NAME	
STREET ADDRESS	BS/SPEA BLDG. 1 4084, 801 W. MICHIGAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE	D A	3.1 TITLE	☐ Change ☐ Addition
NAME	LONG, CHARLES	3.2 NAME	
STREET ADDRESS	510 THIRD AVENUE SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	DARYL J. DEAN,	4.2 NAME	
STREET ADDRESS	3505 N. WASHINGTON BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ELDON H. NYHART,	5.2 NAME	
STREET ADDRESS	3505 N. WASHINGTON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VP Legal/Finance 3/29/95 317/923-2391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0479761 FP