

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P05968 (3)

1. Corporation Name

WATERFIELD FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

ATTN: JANE KERNS  
7500 WEST JEFFERSON BOULEVARD  
FORT WAYNE IN 46804-8432

ATTN: JANE KERNS  
7500 WEST JEFFERSON BOULEVARD  
FORT WAYNE IN 46804-4132  
US

3. Date Incorporated or Qualified  
05/10/1985

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

46804-4132

25

29

30

4. FEI Number

35-1599966

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 V ☐ DELETE  
NAME ENSTROM, DARRYL B.  
STREET ADDRESS 7500 W JEFFERSON BLVD.  
CITY-ST-ZIP FORT WAYNE IN

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME SHERMAN, DONALD A.  
STREET ADDRESS 7500 W JEFFERSON BLVD.  
CITY-ST-ZIP FORT WAYNE IN

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SAV ☐ DELETE  
NAME SCHMIDT, MARSHA K.  
STREET ADDRESS 7500 W JEFFERSON BLVD.  
CITY-ST-ZIP FORT WAYNE IN

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DUNLAP, MICHAEL J.  
STREET ADDRESS 7500 W. JEFFERSON BLVD  
CITY-ST-ZIP FORT WAYNE IN

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME WATERFIELD, RICHARD D.  
STREET ADDRESS 7500 W JEFFERSON BLVD.  
CITY-ST-ZIP FORT WAYNE IN

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME VONDEYLEN, JERRY  
STREET ADDRESS 45 N. PENNSYLVANIA AVE  
CITY-ST-ZIP INDIANAPOLIS IN

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Michael J. Dunlap*

Michael J. Dunlap

04/19/96

219/434-8270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)