

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**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **46804-4132** 25 29 30

9. Name and Address of Current 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENSTROM, DARRYL B.	1.2 NAME	
STREET ADDRESS	7500 W JEFFERSON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, DONALD A.	2.2 NAME	
STREET ADDRESS	7500 W JEFFERSON BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	2.4 CITY-ST-ZIP	
TITLE	SAV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, MARSHA K.	3.2 NAME	
STREET ADDRESS	7500 W JEFFERSONBLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, MICHAEL J.	4.2 NAME	
STREET ADDRESS	7500 W. JEFFRSON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATERFIELD, RICHARD D.	5.2 NAME	
STREET ADDRESS	7500 W JEFFERSON BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WAYNE IN	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONDEYLEN, JERRY	6.2 NAME	
STREET ADDRESS	45 N. PENNSYLVANIA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	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)