

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-29-2008 90011 016 ***158.75

DOCUMENT # P07000052750 1. Entity Name DIAMOND & RICHARDSON REALTY INC			
Principal Place of Business 3833 N. MERIDIAN ST 314 INDIANAPOLIS, IN 46208 US		Mailing Address 3833 N. MERIDIAN ST 314 INDIANAPOLIS, IN 46208 US	
2. Principal Place of Business - No P.O. Box # 3833 N. Meridian St.		3. Mailing Address 3833 N. Meridian St	
Suite, Apt. #, etc. Suite 317		Suite, Apt. #, etc. Suite 317	
City & State Indianapolis IN		City & State Indianapolis IN	
Zip 46208		Zip 46208	
Country USA		Country USA	
4. FEI Number 20-8573050		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, CLARENCE J CEO 2215 NW 54TH TERRACE MIAMI, FL 33142		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO NAME RICHARDSON, CLARENCE STREET ADDRESS 3833 N MERIDIAN ST #314 CITY-ST-ZIP INDIANAPOLIS, IN 46208	<input type="checkbox"/> Delete	TITLE CEO NAME Richardson, Clarence STREET ADDRESS 3833 N meridian St, Suite 317 CITY-ST-ZIP Indianapolis, IN 46208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME FOSTER, MIKE STREET ADDRESS 3833 N MERIDIAN ST #314 CITY-ST-ZIP INDIANAPOLIS, IN 46208	<input type="checkbox"/> Delete	TITLE VP NAME Foster, Mike STREET ADDRESS 3833 N. Meridian St, Suite 317 CITY-ST-ZIP Indianapolis, IN 46208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME RICHARDSON, CHERLISA M STREET ADDRESS 3833 N MERIDIAN ST #314 CITY-ST-ZIP INDIANAPOLIS, IN 46208	<input type="checkbox"/> Delete	TITLE VP NAME Richardson, Cherlisa M STREET ADDRESS 3833 N. Meridian St, Suite 317 CITY-ST-ZIP Indianapolis, IN 46208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1-24-08 <small>Daytime Phone #</small>	

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