2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCU 1. Entity Nam FORETH				FILED 07 APR -5 PM 4: 26 SECTION OF STATE TALLAHASSEE, FLORIDA							
					~~		7	SECHIE LAW	fr - 3		
Principal Place of Business Mailing Address							, ,	ALLAHAGGE	POTATE -		
ONE FORETHOUGHT CENTER ONE FORETHOUGHT CENT								""1035	FLORIDA		
BATESVILLE, IN 47006-9170 US BATESVILLE, IN 47006-91					US				HOM		
								251H (855) BIISI BIII ME		 	
A STATE OF THE PARTY OF THE PAR											
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #, etc.							98				
Suite, Apt.	#, etc.		Suite, Apr. #, etc.			03282007	Chg-P	CR2E034 (12/06)			
City & Stat	<u>a</u>		City & State				4. FEI Numb	Or .	Ι [Δ.	oplied For	
Only & State							06-101			ot Applicable	
Zip		Country	Zip Country				· · · · · · · · · · · · · · · · · · ·		\$9.75		
·	,		'		•	5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered Agent		
Na						THE COPPORATOR STATUTE COMPANY					
CHIEF FINANCIAL OFFICER						CORPORATION SERVICE COMPANY					
P O BOX 6200 (32314-6200)						Street Address (P.O. Box Number is Not Acceptable)					
200 E. GAINES ST								<u> </u>			
TALLAHASSEE, FL 32399-0000						1201 HAYS STREET					
City							A40 55	K.E	FL ZpC	e 1	
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											
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 THE PROPERTY OF THE										 i	
Signature, typed or printed name of registered agent and title if applicable. ØTE Registered Agent signature required when reinstating) DATE											
			9. Election Campa	ion Finan	cino	e 5	.00 May 8e				
		FEE IS \$150.00 7 Fee will be \$550.0					ed to Fees				
	., .,	OFFICERS AND									
10.		11.				CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11			
TITLE	VD Delete					10 S	€		Change	Addition	
NAME	MULLEN,	. NAME	ET ADDRESS								
STREET ADDRESS CITY-ST-ZIP											
		TITLE	ST-ZIP		-						
TITLE	VD ☐ Delete RUSSELL, CHARLES A								☐ Change	☐ Addition	
NAME STREET ADDRESS	ONE FORETHOUGHT CENTER				ET ADDRESS	400095384344					
CITY-ST-ZIP	BATESVILLE, IN 47006				ST-ZIP		04/1	1/070100	5019 ** 15(0.00	
title Name	VD □ Delete □ ITITI TOWNSEND, RONALD L □ NAR								☐ Change	☐ Addition	
STREET ADDRESS	ONE FOR		ET ADDRESS								
CITY-ST-ZIP	BATESVII		ST-ZIP								
TITLE	/					. T	-		Change	Addition	
NAME	S DIXON, WALTER T					DICY	AL COAL	MES Mc DOM	OUCH	☐ Voorion	
STREET ADDRESS	•				ET ADDRESS	000	FORETH	CAJ THOUGH	rele		
CITY-ST-ZIP	BATESVILLE, IN 47006						ATESVILL				
TITLE	DC	·	☐ Delete	TITLE		<u> </u>	1 125 0 100	<u> </u>	☐ Change	Addition	
NAME	GRAF, JOHN A								C; Origingo	L Addition	
STREET ADDRESS											
CITY-ST-ZIP	BATESVII	LLE, IN 47006		CITY-	ST-ZIP						
TITLE	D		Delete	TITLE		7			☑ Change	☐ Addition	
NAME .	DONNA, NOBBE M					VEN	WERH !	OWELL St	DIT JR		
STREET ADDRESS						OWE	FOREY H	DUCHT CENT	il ' - / -		
CITY-ST-ZIP	-ST-ZIP BATESVILLE, IN 47006 CITY						TES VILLE	10 470	0 b		
12. Thereby	certify that th	e information supplied with	this filing does not qualify for	r the exe	mptions o	ontaines	Lie Chester 11	Elorido Statutas I	further certify that the	nformation	
indicated	12. Thereby 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 suppliemental 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 comparison of										
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 cath; that I am an office or director of the corporation or the receiver or trusted 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 appears, with all other like empowered.											
10 lood 011022 011											
SIGNATURE: (LANGE TO CRI chard James McDoNough 7-di-do7 8/d-977-494)											
SIGNAT	URE: _	SIGNATINE AND THE PARTY	RINTED NAME OF SIGNING OFFICER					Deta	Daytime Phone #	<u> </u>	