

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16444

FILED
Apr 28, 2006
Secretary of State

Entity Name: CUSTOM FACILITIES INC.

Current Principal Place of Business:

6296 RUCKER ROAD, SUITE C
INDIANAPOLIS, IN 46220

New Principal Place of Business:

Current Mailing Address:

6296 RUCKER ROAD, SUITE C
INDIANAPOLIS, IN 46220

New Mailing Address:

FEI Number: 35-1308008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PNEIS ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEROY, ROB
Address: 9511 TIMBER CREST LANE
City-St-Zip: INDIANAPOLIS, IN 46256

Title: T () Delete
Name: SCHEUERMANN, GARY,
Address: 10118 BERYL DRIVE
City-St-Zip: NOBLESVILLE, IN

Title: S () Delete
Name: THOMAS, MARK
Address: 11682 SUNNYBROOK PL
City-St-Zip: FISHERS, IN

Title: V () Delete
Name: WAMPLER, BRENT
Address: 7816 TIMBER RUN
City-St-Zip: INDIANAPOLIS, IN 46256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEROY, ROD
Address: 9511 TIMBER CREST LANE
City-St-Zip: INDIANAPOLIS, IN 46256

Title: T (X) Change () Addition
Name: LEINEWEBER, LORI,
Address: 6296 RUCKER ROAD, STE. C
City-St-Zip: INDIANAPOLIS, IN 46220

Title: S (X) Change () Addition
Name: ROBERGE, CHRIS
Address: 9190 PRIORITY WAY W. DRIVE, STE. 100
City-St-Zip: INDIANAPOLIS, IN 46240

Title: EVP (X) Change () Addition
Name: WAMPLER, BRENT
Address: 7816 TIMBER RUN
City-St-Zip: INDIANAPOLIS, IN 46256

Title: VP () Change (X) Addition
Name: SCHEUERMANN, GARY
Address: 10118 BERYL DRIVE
City-St-Zip: NOBLESVILLE, IN

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI LEINEWEBER

T

04/28/2006

Electronic Signature of Signing Officer or Director

Date