FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:28

DOCUMENT # P20203 (6)

1. Corporation Name
THE SKILLMAN CORPORATION

Principal Place of Business
3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203

Mailing Address
3834 SOUTH EMERSON AVE.
INDIANAPOLIS IN 46203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 35-1278225 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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

TITLE	PD
NAME	SKILLMAN, HAROLD A.
STREET ADDRESS	8158 DEAN RD
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	V
NAME	KOENES, LARRY
STREET ADDRESS	1873 ARCHIES CT
CITY-ST-ZIP	FRANKLIN IN
TITLE	ST
NAME	TAPP, MICHAEL J
STREET ADDRESS	565 OAKRIDGE WAY
CITY-ST-ZIP	GREENWOOD IN
TITLE	V
NAME	DAVIS, CHARLES F.
STREET ADDRESS	1051 COUNTRY LANE RD.
CITY-ST-ZIP	GREENFIELD IN
TITLE	VD
NAME	SKILLMAN, BARBARA J.
STREET ADDRESS	8158 DEAN RD
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	V
NAME	FINDLEY, JACK E.
STREET ADDRESS	6691 W 100 S
CITY-ST-ZIP	NEW PALESTINE IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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)(i), 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. Tapp 1/24/95 317 783 6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0470760 FP

Additional page to 1995 Corporation Annual Report for The Skillman Corporation.

12. V.
    D. BART YORK
    8473 NOTTINGHILL DRIVE
    INDIANAPOLIS, IN 46234