2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P20203

Entity Name: THE SKILLMAN CORPORATION

Current Principal Place of Business:

3834 SOUTH EMERSON AVE.
INDIANAPOLIS, IN 46203

New Principal Place of Business:

Current Mailing Address:

3834 SOUTH EMERSON AVE.
INDIANAPOLIS, IN 46203

New Mailing Address:

FEI Number: 35-1278225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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:	CD	( ) Delete
Name:	SKILLMAN, HAROLD A	
Address:	8158 DEAN RD	
City-St-Zip:	INDIANAPOLIS, IN 46240	
Title:	P	( ) Delete
Name:	KOENES, LARRY	
Address:	1873 ARCHIES CT	
City-St-Zip:	FRANKLIN, IN 46131	
Title:	ST	( ) Delete
Name:	TAPP, MICHAEL J	
Address:	235 BACK CREEK CIR.	
City-St-Zip:	GREENWOOD, IN 46142	
Title:	V	( ) Delete
Name:	PORTTEUS, PATRICK A	
Address:	3285 WEST BRIARWOOD ROAD	
City-St-Zip:	MONROVIA, IN 46157	
Title:	VD	( ) Delete
Name:	SKILLMAN, BARBARA J	
Address:	8158 DEAN RD	
City-St-Zip:	INDIANAPOLIS, IN 46240	
Title:	V	( ) Delete
Name:	FINDLEY, JACK E	
Address:	6691 W 100 S	
City-St-Zip:	NEW PALESTINE, IN 46163	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	YORK, BART	
Address:	8473 NOTTINGHILL DRIVE	
City-St-Zip:	INDIANAPOLIS, IN 46234	

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL J. TAPP ST 04/15/2009

Electronic Signature of Signing Officer or Director — Date