

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # P20311

(7)

1. Corporation Name

SIQUILLE DEVELOPERS, INC.

Principal Place of Business

115 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204
US

Mailing Address

P O BOX 7066
ATTN TAX DEPT
INDIANAPOLIS IN 46207
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person authorized to change the registered office or agent

Signature of the person authorized to change the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	SIMON, MELVIN	115 W WASHINGTON STREET	INDIANAPOLIS IN	☐
ASV	SIMON, HERBERT	115 W WASHINGTON STREET	INDIANAPOLIS IN	☐
VPS	SIMON, DAVID	10555 HUSSEY LANE	CARMEL IN	☐
VS	FOXWORTHY, RANDOLPH L.	115 W WASHINGTON STREET	INDIANAPOLIS IN	☐
T	GREENWALD, LAWRENCE	115 W WASHINGTON STREET	INDIANAPOLIS IN	☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated in 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 this 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 I am not, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert Simon

3/13/96 (317)263-2282

Date of Filing

CR2E034 (12/95)