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**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P20806**

**(6)**

1. Corporation Name  
**ETS, INC. OF INDIANA**



Principal Place of Business  
**6270 CORPORATE DRIVE  
INDIANAPOLIS IN 46278**

Mailing Address  
**6270 CORPORATE DRIVE  
INDIANAPOLIS IN 46278-2800**

3. Date Incorporated or Qualified <b>09/08/1988</b>	3a. Date of Last Report <b>02/23/1996</b>
4. FEI Number <b>36-3449215</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sub. Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent  
**MULLIS, HAROLD W JR.,ESQ  
101 E. KENNEDY BLVD.  
SUITE 2800  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 \_\_\_\_\_ (INDICATE REGISTERED AGENT'S SIGNATURE REQUIRED WHEN REINSTATING) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	<b>PSD GRAY, TREVOR</b>	<b>6270 CORPORATE DRIVE</b>	<b>INDIANAPOLIS IN 46278</b>	<input type="checkbox"/>
	<b>GRAY, EDNA</b>	<b>6270 CORPORATE DR.</b>	<b>INDIANAPOLIS IN 46278</b>	<input type="checkbox"/>
	<b>BELL, RICHARD A</b>	<b>1059 CEDAR RIDGE DR.</b>	<b>PLAINFIELD IN 46168</b>	<input type="checkbox"/>
	<b>ALBRIGHT, RONALD</b>	<b>1810 E. SHORE DR.</b>	<b>MARTINSVILLE IN 46151</b>	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	<b>Leslie Hartlieb</b>	<b>6270 Corporate Drive</b>	<b>Indianapolis, IN 46278</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 a director, officer, or partner 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: *[Signature]* **3/9/97 (312) 810-8882**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAY/MONTH/YEAR \_\_\_\_\_

CR2E034 (9/96)