## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P20806

Entity Name: ETS, INC. OF INDIANA

FILED May 30, 2002 8:00 AM Secretary of State

| Current P                                   | rincipal Place                                      | e of Business:   | New Principal Place of Business:            |  |  |  |
|---|---|--|---|--|--|--|
|   | PORATE DRI<br>OLIS, IN 4627                         |  |   |  |  |  |
| Current M                                   | lailing Addre                                       | ss:  | New Mailing Addres                          | New Mailing Address:                         |  |  |
|   | PORATE DRI<br>OLIS, IN 4627                         |  |   |  |  |  |
| FEI Number                                  | : 36-3449215  | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |  |
| Name and                                    | Address of (  | Current Registered Agent:  | Name and Address                            | of New Registered Agent:                     |  |  |
| 3953 N.W.                                   | CUMENT SEF<br>. KELLEY ROA<br>SSEE, FL 323          | <b>ND</b>  |   |  |  |  |
|   | named entity<br>e of Florida.                       | submits this statement for the p   | urpose of changing its registere            | ed office or registered agent, or both,      |  |  |
| SIGNATU                                     | RE:   |  |   |  |  |  |
|   | Electro   | nic Signature of Registered Age  | nt  | Date   |  |  |
| •   | _   | o satisfy its Intangible Tax filing requ<br>g Trust Fund Contribution ( ). | uirement and elects to do so (X).           |  |  |  |
|   | S AND DIREC   | •  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PSD (<br>GRAY, TREVO<br>6270 CORPOR<br>INDIANAPOLIS | RATE DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VTD (<br>GRAY, EDNA<br>6270 CORPOF<br>INDIANAPOLIS  |  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>BELL, RICHAR<br>6270 CORPOR<br>INDIANAPOLIS  | RATE DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | V (<br>HARTLIEB, LE<br>6270 CORPOR<br>INDIANAPOLIS  | RATE DRIVE   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VP (<br>WILLIAM PIPP<br>6270 CORPOR<br>INDIANAPOLIS | ATE DR   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: | DANIEL T. HASTINGS | DIR. | 05/30/2002 |
|--|------------|--------------------|------|------------|
|--|------------|--------------------|------|------------|