

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90086 013 ***150.00

REPORT 10 AT

DOCUMENT # P20806

1. Entity Name
ETS, INC. OF INDIANA



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

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **36-3449215**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAY, TREVOR 6270 CORPORATE DRIVE INDIANAPOLIS IN 46278	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRAY, EDNA 6270 CORPORATE DR. INDIANAPOLIS IN 46278	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, RICHARD A 6270 CORPORATE DRIVE INDIANAPOLIS IN 46278	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTLIEB, LESLIE 6270 CORPORATE DRIVE INDIANAPOLIS IN 46278	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM PIPP 6270 CORPORATE DR INDIANAPOLIS IN 46278	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	()	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Bell Date: 1/10/03 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)