FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P24463** **(2)**

1. Corporation Name

MELVIN SIMON & ASSOCIATES, INC.

JAN 1 6 REC'D

Principal Place of Business

115 WEST WASHINGTON STREET
INDIANAPOLIS IN 46204
US

Mailing Address

P.O. BOX 7066
TAX DEPT
INDIANAPOLIS IN 46207
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **05/23/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **35-1093882** Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

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

10. **Name and Address of New Registered Agent**

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

SIGNATURE

Signature of a Director or Agent — Printed Name of Director or Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	SIMON, MELVIN	
STREET ADDRESS	10110 DITCH ROAD	
CITY-ST-ZIP	CARMEL IN	
TITLE	PD	☐ DELETE
NAME	SIMON, HERBERT	
STREET ADDRESS	536 WEST 86TH STREET	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VPAS	☐ DELETE
NAME	SIMON, DAVIE E.	
STREET ADDRESS	10555 HUSSEY LN.	
CITY-ST-ZIP	CARMEL FL	
TITLE	VS	☐ DELETE
NAME	FOXWORTHY, RANDOLPH L.	
STREET ADDRESS	1429 PRESTON TRAIL	
CITY-ST-ZIP	CARMEL IN	
TITLE	TAS	☐ DELETE
NAME	GREENWALD, LAWRENCE	
STREET ADDRESS	10832 COURAGEOUS DR.	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that this 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 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 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 12 or Block 13 if changed, or on an attachment with my name in Block 12.

SIGNATURE: Herbert Simon 3/13/96 (317)263-2282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #