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May 05 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 # P31513 (5)

1. Corporation Name
BROWNING DAY MULLINS DIERDORF INC

Principal Place of Business Mailing Address
334 NORTH SENATE AVE., 334 NORTH SENATE AVE.,
INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204-1706



3. Date Incorporated or Qualified 10/24/1990
3a. Date of Last Report 06/11/1996

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 *Martin W. Lynch* 2-25-97
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, GREGORY E.	1.2 NAME	
STREET ADDRESS	7457 PARK AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, STEVEN W.	2.2 NAME	
STREET ADDRESS	6180 PRIMROSE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	2.4 CITY - ST - ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIERDORF, JOHN M.	3.2 NAME	
STREET ADDRESS	12225 WAYSIDE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	3.4 CITY - ST - ZIP	
TITLE	EVPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, JONATHAN R.	4.2 NAME	
STREET ADDRESS	29 W. 49TH	4.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, CRAIG W.	5.2 NAME	
STREET ADDRESS	11006 BRIGANTINE DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MARTIN W.	6.2 NAME	
STREET ADDRESS	11014 E. TENACIOUS DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	6.4 CITY - ST - ZIP	

14. I do 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 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 an address.

SIGNATURE: *Martin W. Lynch* 4/22/97 217 685 5080
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)