## 2004 FOR PROFIT CORPORATION

**FILED** May 07, 2004 08:00 AM Secretary of State

812-232-9446

Daytime Phone #

ANNOAL REPORT						
DOCUMENT # 1. Entity Name HULCO SALES COF						
Principal Place of Business 101 N. 9TH ST TERRE HAUTE, IN 47807	US	Mailing Address P.O. BOX 150 TERRE HAUTE IN TERRE HAUTE, IN 47808	US			



## DO NOT WRITE IN THIS SPACE

05042004 No Chg-P CR2E034 (10/03)

4. PEI Number	Mpplied I O
<u>35-1812152</u>	 Not Applicabl
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

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								
	Signature, typed or printed name of registered agent and title	if applicable (NOTE Re	egistered Age	int signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 8, 2004  9. Election Campaign Finan Trust Fund Contribution.				<u> </u>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIREC	CTORS				000000158014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEORGE, MARI H. 101 N. 9TH STREET TERRE HAUTE, IN					05/07/04-80004-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, ANTON H. 101 N 9TH STREET TERRE HAUTE, IN							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELSKUS, JEFFREY G. 101 N. 9TH STREET TERRE HAUTE, IN				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP MORRIS, GARY 101 N 9TH STREET TERRE HAUTE, IN 478080150				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST FORSYTHE, LINDA 101 N 9TH STREET TERRE HAUTE, IN 478080150							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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.								

LINDAS FORSYThe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR