

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34564

FILED
Apr 14, 2009
Secretary of State

Entity Name: EXCEL CONVENTION SERVICES INCORPORATED

Current Principal Place of Business:

4630 S KIRKMAN ROAD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 42345
INDIANAPOLIS, IN 462420345 US

New Mailing Address:

FEI Number: 35-1134437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, DAVID L
2625 S. ATLANTIC AVE. #20SE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHILLING, JACQUELINE
Address: 3347 E VERNON DRIVE
City-St-Zip: MOORESVILLE, IN 46158 US

Title: P () Delete
Name: ELLIOTT, DAVID L
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

Title: S () Delete
Name: SCHILLING, ROBIN
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

Title: VP () Delete
Name: PIERCE, TIMOTHY
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

Title: V () Delete
Name: WINSCOTT, SONJA
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SCHILLING, JACQUELINE
Address: 102C MEADOW LAKES DRIVE
City-St-Zip: MOORESVILLE, IN 46158 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: WINSCOTT, SONJA E
Address: PO BOX 42345
City-St-Zip: INDIANAPOLIS, IN 462420345

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SONJA E WINSCOTT

V

04/14/2009

Electronic Signature of Signing Officer or Director

Date