FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

*APPROVED AND FILED

95 MAR -7 PM 2:17

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P38337 (2)

1. Corporation Name

ADEPT ENTERPRISES, INCORPORATED

Principal Place of Business	Mailing Address
879 WEST CARMEL DRIVE CARMEL IN 46032-5804	879 WEST CARMEL DRIVE CARMEL IN 46032-5804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1992	3a. Date of Last Report: 03/07/1994
4. FEI Number: 35-1740669	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 12955 Old Meridian	26 Street Address: 12955 Old Meridian
22 Suite, Apt. #, etc.: Suite 101	27 Suite, Apt. #, etc.: Suite 101
23 City & State: Carmel, Indiana	28 City & State: Carmel, Indiana
24 Zip: 46032 25 Country: ~~Hamilton~~ USA	29 Zip: 46032 30 Country: ~~Hamilton~~ USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HYDEN, DANIEL W. 12495 TELECOM DRIVE TAMPA FL 33637	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 _____ (NOTE: Required Agent Signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	HYDEN, DANIEL W.	12 NAME	
STREET ADDRESS	12911 BRIGHTON AVENUE	13 STREET ADDRESS	
CITY ST ZIP	CARMEL IN	14 CITY-ST-ZIP	
TITLE	W	21 TITLE	☐ Change ☐ Addition
NAME	FROYMOVICH, PHILLIP	22 NAME	
STREET ADDRESS	9787 SUMMERLAKES DRIVE	23 STREET ADDRESS	
CITY ST ZIP	CARMEL IN	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	FROYMOVICH, ETELKA K.	32 NAME	
STREET ADDRESS	9787 SUMMERLAKES DRIVE	33 STREET ADDRESS	
CITY ST ZIP	CARMEL IN	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	HYDEN, ANNA R.	42 NAME	
STREET ADDRESS	12911 BRIGHTON AVENUE	43 STREET ADDRESS	
CITY ST ZIP	CARMEL IN	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report/application, including any attachments, is true and accurate and that this report/application complies with the applicable provisions of Florida Statutes. I/We further certify 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 with an address, if I am not an officer or director listed in Block 12.

SIGNATURE: Daniel W. Hyden (DANIEL W. HYDEN) 2/24/95 (813) 573-8090

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ANNUAL REPORT — DATE — DAYTIME TELEPHONE NUMBER

0470474 FP