

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90689 049 ***150.00

DOCUMENT # P39436
1. Entity Name
THE DODSON GROUP INCORPORATED



Principal Place of Business
**BANK ONE CENTER/TOWER
111 MONUMENT CIRCLE, SUITE 2330
INDIANAPOLIS IN 46204-5123**

Mailing Address
**BANK ONE CENTER/TOWER
111 MONUMENT CIRCLE, SUITE 2330
INDIANAPOLIS IN 46204-5123**



2. Principal Place of Business
9100 Keystone Crossing
Suite, Apt. #, etc.
Suite 750

3. Mailing Address
9100 Keystone Crossing
Suite, Apt. #, etc.
Suite 750

CHECK HERE IF MAKING CHANGES

City & State
Indianapolis IN

City & State
Indianapolis IN

Zip
46240

Country
USA

4. FEI Number **35-1677670**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DODSON, JAMES R.	
STREET ADDRESS	7501 N LASALLE ST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GESHAY, JAY	
STREET ADDRESS	7260 HUNTINGTON RD	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODSON, MARY	
STREET ADDRESS	7501 N LASALLE ST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, THOMAS H	
STREET ADDRESS	9 WOODLAND CIR	
CITY-ST-ZIP	CARMEL IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: **SIGNATURE REQUIRED** **James R. Dodson, President** Date: **1/9/03** Daytime Phone #: **(317) 208-4800**

CR2E034 (10/02)