2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SCHEER, FRANK N.

INDIANAPOLIS, IN 46290

INDIANAPOLIS, IN 46290

INDIANAPOLIS, IN 46290

101 W. 103RD ST.

CULLEN, JAMES T

101 W. 103RD ST.

101 W. 103RD ST.

ARRAS, AL

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May 30, 2008 8:00 am Secretary of State 05-30-2008 90217 018 ***150 00 DOCUMENT # P92000011476 1. Entity Name TCE DIRECT MARKETING COMPANY, INC. 40106683 Principal Place of Business Mailing Address 101 W. 103RD ST. POST OFFICE BOX 1976 INDIANAPOLIS, IN 46290-1902 US MAIL STOP INH 394 INDIANAPOLIS, IN 46206-1976 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apl. #, etc 04222008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 35-1873824 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 46290-1102 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΠ TITLE ☐ Delete TITLE ☐ Change Addition COLLINS, RANDY NAME NAME STREET ADDRESS 101 W. 103RD ST. STREET ADDRESS INDIANAPOLIS, IN 46290 CITY-ST-71P CITY-ST-ZIP **fMLE** ☐ Delete TITLE Change ☐ Addition EHRET, MEGGAN NAME NAME STREET ADDRESS 101 W. 103RD ST. STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS, IN 46290 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 chaptered or on a statechment with an address, with all other like empowered.

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changed, or on an attachment with an address, with an other like empowered.	, ,	
SIGNATURE: Frank Scheer	4/24/08	317-587-3420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Oaytime Phone #