FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000022642 (1)**

1. Corporation Name

IV-ONE SERVICES, INC.

Principal Place of Business

285 W CENTRAL PKWY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

Mailing Address

285 W CENTRAL PKWY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified: **03/25/1993**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 — Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 — Country — 30

4. FEI Number: **59-3172464** — 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

9. Name and Address of Current Registered Agent

MCINTYRE, MELISSA
285 W CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	☐ DELETE
NAME	MCCORMICK, MICHAEL D.	
STREET ADDRESS	10333 N. MERIDIAN ST, SUITE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46290	
TITLE	EVP	☐ DELETE
NAME	SALENTINE, THOMAS J	
STREET ADDRESS	10333 N MERIDIAN ST SUITE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46290	
TITLE	PCO	☐ DELETE
NAME	MCINTYRE, MELISSA	
STREET ADDRESS	285 W CENTRAL PARKWAY STE 1719	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	EVP	☐ DELETE
NAME	WOODARD, WILLIAM	
STREET ADDRESS	285 W CENTRAL PARKWAY STE 1719	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	CEOD	☐ DELETE
NAME	BINDLEY, WILLIAM E.	
STREET ADDRESS	10333 N MERIDIAN ST STE 300	
CITY-ST-ZIP	INDIANAPOLIS IN 46290	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael D. McCormick Sec. — 1/31/96 — (317) 298-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #