

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90001 042 ***150.00

DOCUMENT # P93000066489
 1. Entity Name
FISHERS INDIANA WAREHOUSE INC.



Principal Place of Business Mailing Address
 1801 HERMITAGE BLVD 1801 HERMITAGE BLVD
 STE 600 STE 600
 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

J4U41400



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01282004 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
75-2513731 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVID E. TODD
 1801 HERMITAGE BLVD.
 STE 100
 TALLAHASSEE, FL 32308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD STE 600	
CITY - ST - ZIP	TALLAHASSEE, FL 32308	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	WEAVER, REGINA	
STREET ADDRESS	8750 N CENTRAL PKWY SUITE 800	
CITY - ST - ZIP	DALLAS, TX 75231	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, G. A	
STREET ADDRESS	8750 N. CENTRAL EXPWY STE 800	
CITY - ST - ZIP	DALLAS, TX 752316437	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FARALDO, MARK	
STREET ADDRESS	8750 N CENTRAL EXPRESSWAY #800	
CITY - ST - ZIP	DALLAS, TX 75231	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600	
CITY - ST - ZIP	DALLAS, TX 75231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark P. Faraldo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
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: Mark P. Faraldo Mark P. Faraldo V.S. 3-12-04 2149890800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #