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PROFIT CORPORATION ANNUÄL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000059660**1. Corporation Name

TCI MANAGEMENT CO.

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90077 015 ***150.00



Suite, Apt. #, Sto. 22 City & State City & State 5. Certificate of Status Desired F 6. Election Campaign Financing	Appli	uired
INDIANAPOLIS IN 46237 US INDIANAPOLIS IN 46237 US 3. Date Incorporated or Qualifed 08/12/1994 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Zip Country Zip Zip Country Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	Appli Not A .75 Addee Requ	Applicable Iditional uired
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84 City FL 85	Zip Co	de
	ing its re	egistered
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 change of the corporation of the statement of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment	as regis	stered
agent. I am familiar with, and accept the obligations of; Section 607.0505, Florida Statutes.		
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restricting)	ECTOR	
12. OFFICERS AND DIRECTORS		S IN 12
OFFETE TATILE	nange	S IN 12
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NAME ULRICH, ROBERT L 12 NAME		
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14. 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 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, with all other like empowered.

SIGNATURE: