FOR PROFIT CORPORATION . . . **UNIFORM BUSINESS REPORT (UBR)**

Apr 14, 2003 8:00 am Secretary of State

| DOCUMENT 1. Entity Name PERFORMAI | 04-14-20 | 13 90939 | 1007 *** | **150.00 | | | | |
|---|--|--|----------|----------------------------|--|----------------|-------------------------------|-----------|
| INC. | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | |
| Principal Place of Busin 11825 N. PENNS | | 3. Mailing Address 11815 N. PENNSYLVANIA ST. | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State CARMEL, IN | | City & State CARMEL, IN | | 4. FEI Number 65-0557275 | | i- | Applied For Not Applicable | |
| Zip 46032 | Country | Zip 46032 | Country | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| | The state of the s | | | | 7. Name and Address of Current Registered Agent | | | |
| Name CT CC | | | | ORPORATION SYSTEM | | | | |
| [현실발] 발생한 발생 (1945년 2년 전략연발) | | | | | 2.O. Box Number is Not Acceptable |) | | |
| IN THIS SPACE 1200 SOUT | | | | TH PINE ISLAND RD. | | | | |
| City PLANT | | | | PLANTA | TION | FL | Zip Co | ode 24 |
| 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. | | | | | | | | |
| , in the stange in the stange is | onso ago. ki | | | | | | | |
| SIGNATURE Signature, typed | when reinstating) | DATE | | | | | | |
| January 1 - Ma After May Amended | 9. Election Campaign Final Trust Fund Contribution | ancing | | .00 May Be ed to Fees | | | | |

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE TITLE PTD JAMES J. LARKIN NAME NAME 11825 N. PENNSYLVANIA ST. STREET ADDRESS STREET ADDRESS CARMEL, IN 46032 CITY-ST-ZIP CITY STAZIP TITLE TITLE. SVP WILLIAM T. DEVANNEY, JR. NAME NAME 11825 N. PENNSYLVANIA ST. STREET ADDRESS STREET ADDRESS CARMEL, IN 46032 CITY - ST - ZIP CITY ST-ZIP TITLE TITLE: S RICHARD R. DYKHOUSE NAME NAME 11815 N. PENNSYLVANIA ST. STREET ADDRESS STREET ADDRESS DO NOT WRITE **CARMEL, IN 46032** CITY-ST-ZIP CITY-ST-ZIP

TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. DYKHOUSE

-8-03

317-817-6000

Daylime Phone #

CR2E034B (12/02)