


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90937 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039925	
1. Entity Name SPECIAL FINANCE, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11825 N. PENNSYLVANIA ST.	3. Mailing Address 11825 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 65-0648749	Applied For <input type="checkbox"/> Not Applicable
Zip 46032	Country	Zip 46032	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD.		
City PLANTATION	FL	Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP PTD JAMES J. LARKIN 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP SVP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY - ST - ZIP S RICHARD R. DYKHOUSE 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE:  **RICHARD R. DYKHOUSE** **317-817-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)