

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078592

1. Entity Name

YIELD MANAGEMENT TRICORP. INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90030 048 ***150.00

Principal Place of Business

27 HAMPSHIRE COURT
NOBLESVILLE IN 46060

Mailing Address

P.O. BOX 744
NOBLESVILLE IN 46061
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

27 HAMPSHIRE COURT

Suite, Apt. #, etc.

City & State

NOBLESVILLE IN

Zip

46060

Country

USA

4. FEI Number

35-1972148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINN, DENNIS J M.
2500 MEADOWVIEW CIRCLE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS QUINN, DENNIS J M
CITY - ST - ZIP 2500 MEADOWVIEW CIRCLE
WINDERMERE FL 34786

TITLE ☐ Delete
NAME PCST
STREET ADDRESS WERKLEY, DAVID H
CITY - ST - ZIP 27 HAMPSHIRE COURT
NOBLESVILLE IN

TITLE ☐ Delete
NAME VD
STREET ADDRESS WHITE, EDWARD
CITY - ST - ZIP 14 GARY PLACE
HUNTINGTON NY 11743

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME PC
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME VD ST
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David H. Werkley

DAVID H. WERKLEY

4/23/2001 (317) 877-5442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)