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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91466 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078592

1. Entity Name
YIELD MANAGEMENT TRICORP. INC.

Principal Place of Business	Mailing Address
27 HAMPSHIRE COURT NOBLESVILLE, IN 46060	27 HAMPSHIRE COURT NOBLESVILLE, IN 46060 US

2. Principal Place of Business	3. Mailing Address
537 Sunset Dr	537 Sunset Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Noblesville IN	City & State: Noblesville IN
Zip: 46060 Country:	Zip: 46060 Country:

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
QUINN, DENNIS J M. 2500 MEADOWVIEW CIRCLE WINDERMERE, FL 34786	Name Street Address (P.O. Box Number Is Not Acceptable) 7310 Westpointe Blvd #624 City: Orlando FL Zip Code: 32835

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: DENNIS J M QUINN 4/24/2003
(Signature, required if printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating.) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, DENNIS J M 2500 MEADOWVIEW CIRCLE WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	7310 Westpointe Blvd #624 Orlando FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC WERKLEY, DAVID H 637 SUNSET DRIVE NOBLESVILLE, IN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST WHITE, EDWARD 14 GARY PLACE HUNTINGTON, NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
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CR2E084 (10/02)

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.

DAVID H WERKLEY

SIGNATURE: David H Werkley 4/24/2003 (317)877-5442
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #