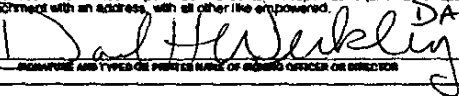


FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91466 028 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000078592		
1. Entity Name YIELD MANAGEMENT TRICORP. INC.		
Principal Place of Business 27 HAMPSHIRE COURT NOBLESVILLE, IN 46060		Mailing Address 27 HAMPSHIRE COURT NOBLESVILLE, IN 46060 US
2. Principal Place of Business 537 Sunset Dr		3. Mailing Address 537 Sunset Dr
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Noblesville IN		City & State Noblesville IN
Zip 46060	Country	Zip 46060
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) 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 of Registered Agent (print name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when withdrawing) DATE		
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	D QUINN, DENNIS J M 2500 MEADOWVIEW CIRCLE WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WERKLEY, DAVID H 637 SUNSET DRIVE NOBLESVILLE, IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST WHITE, EDWARD 14 GARY PLACE HUNTINGTON, NY 11743 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☒ Change ☐ Addition 7310 Westpointe Blvd #624 Orlando FL 32835 ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. SIGNATURE:  DAVID H WERKLEY 4/24/2003 (317) 977-5442 Signature and typed or printed name of signing officer or director Date Original Fee \$		

CR20304 (10/02)