č	FOR PROFIT			FILED	
(MENT # S97642			03 APR 15 AM 7: 29	
1. Entity Nam		RATION		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		E IN THIS S	SPACE		
	lace of Business . PENNSYLVANIA ST. #, etc.	3. Mailing Address 11815 N. PENN Suile, Apt. #, etc.	ISYLVANIA ST.	DO NOT WRITE IN THIS SPACE	
City & State CARMEL, IN		City & State CARMEL, IN		4. FEI Number 65-0297605 Applied For Not Applicable	
Zip 46032	Country	Zip 46032	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required	
			Name C	7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM	
	DO NOT W	andan ka ina ngi a 🌬		ddress (P.O. Box Number is Not Acceptable)	
	IN THIS SI	PACE	1200 S	SOUTH PINE ISLAND RD.	
			<u> </u>	ANTATION FL Zip Code 33324	
the obligat	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturg) DATE				
Make Check	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o	f State		 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 	
10. Title	OFFICERS AND	DIRECTORS	n daar oo baar oo baar ahaa ahaa ahaa ahaa ahaa ahaa ahaa a		
NAME STREET ADDRESS CITY-ST-ZIP	PTD JAMES J. LARKIN 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032		NAME STREET ADDRESS CITY (ST-ZIP)	600016062395 04/15/03-01024022 **150.00	
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-ZP		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	S RICHARD R. DYKHOU 11815 N. PENNSYLVANI CARMEL, IN 46032		NAME STREET ADDRESS, CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CHY-S1-ZIP			TITLE NAME STREET ADDRESS CTTY ST-21P	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			T <u>ITLE</u> - NAME - STREET ADDRESS - CTTY - ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this (iling 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 actress, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date					
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