

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000000340

**Entity Name:** INDIANA INSTITUTE OF TECHNOLOGY INC**Current Principal Place of Business:**1600 E WASHINGTON BLVD  
FORT WAYNE, IN 46803**Current Mailing Address:**1600 E WASHINGTON BLVD  
FORT WAYNE, IN 46803 US**FEI Number:** 35-0845258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROY, JUDY  
4720 SALISBURY RD OFFICE 214  
JACKSONVILLE, FL 32256 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | P, PRESIDENT           |
| Name            | EINOLF, KARL           |
| Address         | 1600 E WASHINGTON BLVD |
| City-State-Zip: | FORT WAYNE IN 46803    |

|                 |                        |
|-----------------|------------------------|
| Title           | VP                     |
| Name            | HERENDEEN, STEVE       |
| Address         | 1600 E WASHINGTON BLVD |
| City-State-Zip: | FORT WAYNE IN 46803    |

|                 |                        |
|-----------------|------------------------|
| Title           | TREASURER              |
| Name            | ROY, JUDY              |
| Address         | 1600 E WASHINGTON BLVD |
| City-State-Zip: | FORT WAYNE IN 46803    |

|                 |                         |
|-----------------|-------------------------|
| Title           | CONTROLLER              |
| Name            | MUSOLF, SHELLY          |
| Address         | 1600 E. WASHINGTON BLVD |
| City-State-Zip: | FORT WAYNE IN 46803     |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHELLY MUSOLF**CONTROLLER****04/18/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date