2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003682

Entity Name: BADER CO. OF INDIANA

Current Principal Place of Business:

9777 N. COLLEGE AVENUE
INDIANAPOLIS, IN 46280

Current Mailing Address:

9777 N. COLLEGE AVENUE
INDIANAPOLIS, IN 46280

FEI Number: 35-1858026

FILED
Mar 24, 2014
Secretary of State
CC0200221092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIR
Name	GAMBERO, DARRELL
Address	9777 N. COLLEGE AVE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	DIR
Name	BADER, ROBERT N
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	DIRECTOR
Name	WARREN, ROBERT
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	VP FINANCE
Name	EGBERT, GREGORY
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	PRES
Name	LEE, MAUREEN
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	DIR
Name	STAPLEFORD, TIMOTHY
Address	9777 N COLLEGE AVE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	DIRECTOR
Name	FRIEDMAN, LAWRENCE A
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

Title	VP
Name	SOBISKI, AMY
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY EGBERT CFO 03/24/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	LEE, MAUREEN
Address	9777 N. COLLEGE AVENUE
City-State-Zip:	INDIANAPOLIS IN 46280