

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004511

**Entity Name:** AUMSI UM SERVICES, INC.**Current Principal Place of Business:**220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204**Current Mailing Address:**220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204 US**FEI Number:** 35-2129194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 SECRETARY  
Name KIEFER, KATHLEEN SUSAN  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name FISHER, MAUREEN ANNE  
Address 4361 IRWIN SIMPSON ROAD  
City-State-Zip: MASON OH 45040

Title ASSISTANT TREASURER  
Name NOBLE, ERIC KENNETH  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name PENCZEK, RONALD WILLIAM  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name TON-NU, TAM QUY  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT EDWARD  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name BENINTENDI, LAURIE HELM  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name CHANGAMIRE, FREEMAN  
TICHATONGA  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

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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:** KATHLEEN SUSAN KIEFER**SECRETARY****03/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   CHAIRPERSON  
Name                 CHANGAMIRE, FREEMAN TICHATONGA  
Address             220 VIRGINIA AVENUE  
City-State-Zip:    INDIANAPOLIS IN 46204

Title                   PRESIDENT  
Name                 CHANGAMIRE, FREEMAN  
                          TICHATONGA  
Address             220 VIRGINIA AVENUE  
City-State-Zip:    INDIANAPOLIS IN 46204