

2024 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 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

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

Continues on page 2

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****03/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name FISHER, MAUREEN ANNE
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN SUSAN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204