

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003691

**Entity Name:** OSP GROUP MERCHANT , INC.**Current Principal Place of Business:**2300 SOUTHEASTERN AVE  
INDIANAPOLIS, IN 46201**Current Mailing Address:**2300 SOUTHEASTERN AVE  
INDIANAPOLIS, IN 46201**FEI Number:** 26-3137812**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 DIRECTOR  
Name DESJONQUERES, SYLVAIN  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title ASST. SECRETARY  
Name NASON, TAMI  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title DIRECTOR  
Name JANOWER, ANDREW  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title DIRECTOR  
Name STEINER, DONALD  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title SECRETARY/TREASURER  
Name DOUCET, CATHERINE  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title DIRECTOR  
Name PALMER, TIM  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title DIRECTOR  
Name KLEVENS, JOSHUA  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

Title DIRECTOR  
Name SKLAR, SCOTT  
Address 2300 SOUTHEASTERN AVE  
City-State-Zip: INDIANAPOLIS IN 46201

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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:** CATHERINE DOUCET**SECRETARY/TREASURER** 02/11/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                BLITZER, MICHAEL  
Address            2300 SOUTHEASTERN AVE  
City-State-Zip:   INDIANAPOLIS IN 46201

Title                 PRESIDENT, DIRECTOR  
Name                TARVIN, PAUL  
Address            2300 SOUTHEASTERN AVE  
City-State-Zip:   INDIANAPOLIS IN 46201