

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001516

**FILED**  
**Jan 05, 2018**  
**Secretary of State**  
**CC3523868880**

**Entity Name:** THE TOWNSEND CORPORATION OF INDIANA

**Current Principal Place of Business:**

1015 W. JACKSON STREET  
MUNCIE, IN 47308

**Current Mailing Address:**

P.O. BOX 7015  
MUNCIE, IN 47308 US

**FEI Number: 35-1038926**

**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 P  
Name CHAMBERS, PHILLIP E  
Address P.O. BOX 7015  
City-State-Zip: MUNCIE IN 47308

Title C  
Name TOWNSEND, GARY V  
Address P.O. BOX 7015  
City-State-Zip: MUNCIE IN 47308

Title S  
Name COON, MICHELLE M  
Address P.O. BOX 7015  
City-State-Zip: MUNCIE IN 47308

Title T  
Name MCCLURE, J. MICHAEL  
Address P.O. BOX 7015  
City-State-Zip: MUNCIE IN 47308

*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: MICHELLE M. COON**

**CORP SEC**

**01/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date