

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001843

**FILED**  
**Mar 04, 2016**  
**Secretary of State**  
**CC6165455296**

**Entity Name:** HUSE INCORPORATED

**Current Principal Place of Business:**

1703 NORTH COLLEGE AVE  
BLOOMINGTON, IN 47404

**Current Mailing Address:**

P.O. BOX 98  
BLOOMINGTON, IN 47402-0098 US

**FEI Number:** 35-1692514

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HUSE, STEPHEN M  
101 N. WARBLER LANE  
SARASOTA, FL 34236 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 CSD  
Name HUSE, STEPHEN M  
Address 1703 NORTH COLLEGE AVE  
City-State-Zip: BLOOMINGTON IN 47404

Title PD  
Name BROWNE, THOMAS R  
Address 1703 NORTH COLLEGE AVE  
City-State-Zip: BLOOMINGTON IN 47404

Title VTD  
Name HUSE, CRAIG S  
Address 1703 NORTH COLLEGE AVE  
City-State-Zip: BLOOMINGTON IN 47404

Title AS  
Name CHAPMAN, GARY L  
Address 1703 NORTH COLLEGE AVE  
City-State-Zip: BLOOMINGTON IN 47404

*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:** THOMAS R BROWNE

**PRESIDENT**

**03/04/2016**

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

\_\_\_\_\_  
Date