

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90016 048 ***150.00

DOCUMENT # F98000006288

1. Entity Name

KARIN GLASS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5225 EMCO DRIVE
 INDIANAPOLIS IN 46220-4343

5225 EMCO DRIVE
 INDIANAPOLIS IN 46220-4343

2. Principal Place of Business

3. Mailing Address

Indiana

5225 Emco Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Indpls, IN

4. FEI Number **35-1725380**

Applied For
 Not Applicable

Zip

Country

Zip

Country

46220 MARION

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICES COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	GLASS, KARIN L	
STREET ADDRESS	5225 EMCO DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46220-4343	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	GLASS, KENNETH R	
STREET ADDRESS	5225 EMCO DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46220-4343	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Misekandino	
STREET ADDRESS	5225 Emco Dr.	
CITY-ST-ZIP	Indpls, IN 46220	
TITLE	Vice-President Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVE Phoebus	
STREET ADDRESS	5225 Emco Drive	
CITY-ST-ZIP	Indpls, IN 46220	
TITLE	Vice-President Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Bamba	
STREET ADDRESS	5225 Emco Dr.	
CITY-ST-ZIP	Indpls, IN 46220	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01 317-475-6400
 Date Daytime Phone #

CR2E034 (10/00)