

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001843

Entity Name: HUSE INCORPORATED

FILED  
Jan 04, 2010  
Secretary of State

**Current Principal Place of Business:**

1703 NORTH COLLEGE AVE  
BLOOMINGTON, IN 47404 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 98  
BLOOMINGTON, IN 474020098 US

**New Mailing Address:**

FEI Number: 35-1692514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSE, STEPHEN M  
101 N. WARBLER LANE  
SARASOTA, FL 34236 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CSD  
Name: HUSE, STEPHEN M  
Address: 1703 NORTH COLLEGE AVE  
City-St-Zip: BLOOMINGTON, IN 47404 US

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

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

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

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

PRES

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date