

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED
04 OCT 29 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|-------------------------|---------------------------------|--|---|--|
| DOCUMENT # F03000001814 | | | | | |
| 1. Entity Name MANWEB SERVICES, INC. | | | | | |
| Principal Place of Business 6809 HILLSDALE CRT. INDIANAPOLIS, IN 46250 | | | Mailing Address 6809 HILLSDALE CRT. INDIANAPOLIS, IN 46250 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 10222004 REIN-P CR2E098 (6/04) | |
| 4. FEI Number 65-1172730 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| EMERSON, PATRICIA 1799 WATER FALL CRT. MARCO ISLAND, FL 34145 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE: <u><i>Patricia Emerson</i></u> <u>Patricia Emerson</u> <u>10-24-04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PVC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MANDRELL, CHARLES R | | NAME | 300042318143 | |
| STREET ADDRESS | 11408 STURGEON BAY LANE | | STREET ADDRESS | 10/29/04--01064--001 **200.00 | |
| CITY-ST-ZIP | INDIANAPOLIS, IN 46236 | | CITY-ST-ZIP | 10/18/04 01064 017 \$550.00 | |
| TITLE | SC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WEBSTER, MICHAEL P | | NAME | | |
| STREET ADDRESS | 13435 MILLEN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | FISHERS, IN 46038 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | BW/4 | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Charles R Mandrell</i></u> | | | Date: <u>10-22-04</u> (317) Daytime Phone #: <u>863-0007</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |