

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001237

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC5179153526**

**Entity Name:** CLABBER GIRL CORPORATION

**Current Principal Place of Business:**

900 WABASH AVENUE  
TERRE HAUTE, IN 47807

**Current Mailing Address:**

900 WABASH AVENUE  
TERRE HAUTE, IN 47807

**FEI Number:** 35-2150132

**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 C/D  
Name MILES, MARK D  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title D/P  
Name MORRIS, GARY L  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title D  
Name LUCCHESI, CYNTHIA  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title VP  
Name GLOE, ERIC  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title D  
Name SNELLING, GRETCHEN E  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title VP/S  
Name SNELLING, GRETCHEN E  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

Title ASST. SECRETARY  
Name FORSYTHE, LINDA  
Address 900 WABASH AVENUE  
City-State-Zip: TERRE HAUTE IN 47807

*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:** LINDA S FORSYTHE

**ASST. SECRETARY**

**03/28/2016**

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

\_\_\_\_\_  
Date