# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F15000004001

Entity Name: HALL, RENDER, KILLIAN, HEATH & LYMAN, P.C. CORPORATION

## **Current Principal Place of Business:**

500 NORTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46204

# **Current Mailing Address:**

500 NORTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46204 US

# FEI Number: 35-1427161

## 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

## **Officer/Director Detail :**

Oncerval ector Detail :						
Title	DIRECTOR	Title	DIRECTOR			
Name	COMMINS, KIMBERLY J.	Name	CUNNINGHAM, NORRIS			
Address	201 WEST BIG BEAVER RD. COLUMBIA CTR, STE. 315	Address	500 N. MERIDIAN ST. SUITE 400			
City-State-Zip:	TROY MI 48084	City-State-Zip:	INDIANAPOLIS IN 46204			
Title	DIRECTOR	Title	VP			
Name	BAGDADY, BRUCE M.	Name	SEIDENSTRICKER, PAUL W.			
Address	201 WEST BIG BEAVER RD. COLUMBIA CTR, STE. 315	Address	111 EAST KILLBOURN AVE. SUITE 1300			
City-State-Zip:	TROY MI 48084	City-State-Zip:	MILWAUKEE WI 53202			
Title	SECRETARY	Title	PRESIDENT			
Name	GAUGHAN, MARY C.	Name	RYAN, JOHN P.			
Address	2800 DEQUINDRE	Address	2000 ONE AMERICAN SQ.			
City-State-Zip:	WARREN MI 48092	City-State-Zip:	INDIANAPOLIS IN 46282			
Title	TREASURER	Title	DIRECTOR			
Name	BACHMANN, FRED J.	Name	HEATH, R. TERRY			
Address	2000 ONE AMERICAN SQ.	Address	500 NORTH MERIDIAN ST. SUITE 400			
City-State-Zip:	INDIANAPOLIS IN 46282	City-State-Zip:	INDIANAPOLIS IN 46204			

# Continues on page 2

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	: FRED J. BACHMANN	TREASURER	04/20/2017
	Electronic Signature of Signing Officer/Director Detail		Date

# FILED Apr 20, 2017 Secretary of State CC9890069353

Certificate of Status Desired: No

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	WALLANDER, GREGG M.	Name	HOGAN, JAMES B.
Address	500 NORTH MERIDIAN ST. SUITE 400	Address	500 NORTH MERIDIAN ST. SUITE 400
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	DIRECTOR	Title	DIRECTOR
THE	DIRECTOR	THE	DIRECTOR
Name	GAUGHAN, MARY C.	Name	THOMPSON, WILLIAM H.
Address	2800 DEQUINDRE WARREN MI 48092	Address	500 NORTH MERIDIAN ST. SUITE 400
City-State-Zip:		City-State-Zip:	INDIANAPOLIS IN 46204
Title	DIRECTOR	<b>T</b> :41 -	CULAIDMAN
Name	RYAN. JOHN P.	Title	CHAIRMAN
Name	KTAN, JOHN F.	Name	THOMPSON, WILLIAM H.
Address	500 NORTH MERIDIAN ST. SUITE 400	Address	2000 ONE AMERICAN SQ.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46282