## 2021 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 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

FILED Apr 24, 2021

Secretary of State

6895223944CC

Officer/Director Detail:

Title PRESIDENT Title TREASURER

Name RYAN, JOHN Name BACHMANN, FRED

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR Title OFFICER

Name HEATH, TERRY Name THOMPSON, WILLIAM H.

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title VP Title DIRECTOR

Name HEATH, TERRY Name BERLIN, BILL

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR Title DIRECTOR

Name SKEELS, JENNIFER Name DEVAUX, ARTHUR F.

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

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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 BACHMANN TREASURER 04/24/2021

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY Title DIRECTOR

Name STELLA, KEVIN Name KAHN, JOSEPH M.

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR Title DIRECTOR

Name NOVA, TODD A. Name BETNER, BRIAN C.

Address 500 NORTH MERIDIAN STREET Address 500 NORTH MERIDIAN STREET

SUITE 400 SUITE 400

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204