

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004410

**Entity Name:** 1ST SOURCE BANK

**Current Principal Place of Business:**

1800 SECOND STREET, SUITE 712  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 1602  
SOUTH BEND, IN 46634 US

**FEI Number:** 35-0309575

**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 DIRECTOR  
Name MURPHY, CHRISTOPHER J III  
Address 100 N. MICHIGAN STREET  
City-State-Zip: SOUTH BEND IN 46601

Title DIRECTOR  
Name OZARK, TIMOTHY K  
Address 100 N. MICHIGAN STREET  
City-State-Zip: SOUTH BEND IN 46601

Title VP  
Name WISEMAN, PHIL  
Address 100 N. MICHIGAN STREET  
City-State-Zip: SOUTH BEND IN 46601

Title SECRETARY  
Name GRIFFITH, JOHN B  
Address 100 N. MICHIGAN STREET  
City-State-Zip: SOUTH BEND IN 46601

Title PRESIDENT, CEO  
Name SHORT, ANDREA  
Address 100 MICHIGAN STREET  
City-State-Zip: SOUTH BEND IN 46601

Title TREASURER  
Name BAUER, BRETT A  
Address 100 N MICHIGAN ST  
City-State-Zip: SOUTH BEND IN 46601

*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:** ANDREA SHORT

**PRESIDENT**

**02/21/2024**

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

\_\_\_\_\_  
Date