


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000005791

1. Entity Name
RQAW CORPORATION



Principal Place of Business
**4755 KINGSWAY DRIVE, STE 400
 INDIANAPOLIS, IN 46205**

Mailing Address
**4755 KINGSWAY DRIVE, STE 400
 INDIANAPOLIS, IN 46205**

DO NOT WRITE IN THIS SPACE



08012006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1127849

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____ DATE 08/15/06-80002-001 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM HELBBING, THOMAS J PE 4755 KINGSWAY DR SUITE 400 INDIANAPOLIS, IN 46205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMS MRAK, JOSEPH M AIA 4755 KINGSWAY DR SUITE 400 INDIANAPOLIS, IN 46205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMT O'CONNOR, RICHARD T PE 4755 KINGSWAY DR SUITE 400 INDIANAPOLIS, IN 46205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard T O'Connor 8/1/06 317 255-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #