


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # F96000005791 1. Entity Name RQAW CORPORATION |  |
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|---|---|
| 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



07122007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 35-1127849 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PM HELHING, 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 |
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 08/20/07-80002-001 150.00

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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: Thomas J. Helbing PE **8-9-07** **317-255-6060**

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