

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90107 023 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005791

1. Corporation 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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip Country	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip Country	
City & State		City & State		Zip Country		Zip Country		Zip Country	

3. Date Incorporated or Qualified	11/06/1996
4. FEI Number	35-1127849
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTM	<input type="checkbox"/> DELETE
NAME	PATEL RAMAN D	
STREET ADDRESS	4755 KINGSWAY DR SUITE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	VSM	<input type="checkbox"/> DELETE
NAME	HELBING, THOMAS J	
STREET ADDRESS	4755 KINGSWAY DR SUITE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	CM	<input type="checkbox"/> DELETE
NAME	DOYLE J EDWARD	
STREET ADDRESS	4755 KINGSWAY DR SUITE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MRAK, JOSEPH M	
STREET ADDRESS	4755 KINGSWAY DR SUITE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE	M	<input type="checkbox"/> DELETE
NAME	O'CONNOR, RICHARD T	
STREET ADDRESS	4755 KINGSWAY DR SUITE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 1/26/99 DAYTIME PHONE #: 317-255-6060

CR2E034 (11/98)