

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90017 022 ***158.75

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**

C0023579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 35-1127849	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01 (317) 255-6060
Date Daytime Phone #

CR2E034 (10/00)