

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91047 046 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1127849

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



MOORE

CR2E034 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CM | <input type="checkbox"/> Delete |
| NAME | PATEL, RAMAN D PE | |
| STREET ADDRESS | 4755 KINGSWAY DR SUITE 400 | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46205 | |
| TITLE | PM | <input type="checkbox"/> Delete |
| NAME | HELBING, THOMAS J PE | |
| STREET ADDRESS | 4755 KINGSWAY DR SUITE 400 | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46205 | |
| TITLE | VMS | <input type="checkbox"/> Delete |
| NAME | MRAK, JOSEPH M AIA | |
| STREET ADDRESS | 4755 KINGSWAY DR SUITE 400 | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46205 | |
| TITLE | VMT | <input type="checkbox"/> Delete |
| NAME | O'CONNOR, RICHARD T PE | |
| STREET ADDRESS | 4755 KINGSWAY DR SUITE 400 | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46205 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Helbing

Thomas J. Helbing Jan. 29, 2004 317-255-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #