

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13007

Entity Name: PHOENIX FABRICATORS AND ERECTORS, INC.**Current Principal Place of Business:**182 SOUTH COUNTY ROAD 900 EAST
AVON, IN 46123**Current Mailing Address:**182 SOUTH COUNTY ROAD 900 EAST
AVON, IN 46123 US**FEI Number:** 35-1676662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SHORT, JEFFERY A
Address	3625 EAST COUNTY ROAD 750 SOUTH
City-State-Zip:	CLAYTON IN 46118

Title	VD
Name	ROTHERBER, EUGENE MJR.
Address	1937 COUNTY ROAD N 425 EAST
City-State-Zip:	AVON IN 46123

Title	TD
Name	CORNACCHIONE, MATTHEW III
Address	9390 WINDRIFT WAY
City-State-Zip:	ZIONSVILLE IN 46077

Title	VD
Name	LAKIN, CHARLES D
Address	745 ABBINGTON STATION
City-State-Zip:	DANVILLE IN 46122

Title	SD
Name	YOHLE, TIMOTHY F
Address	9950 ADVENTURE PASS
City-State-Zip:	NOBLESVILLE IN 46060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY F. YOHLE**SECRETARY****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date