

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002302

FILED
Jan 27, 2011
Secretary of State

Entity Name: BROOKS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1120 MADISON AVENUE
TOLEDO, OH 43604

New Principal Place of Business:

Current Mailing Address:

1120 MADISON AVENUE
TOLEDO, OH 43604

New Mailing Address:

FEI Number: 34-4194540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CP
Name: JOHNSON, DENNIS
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: EVPS
Name: SCHAEFER, DEBRA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: D
Name: JOHNSON, SHEILA
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: VP
Name: MIKOLAJCZAK, KATHERINE
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

Title: VPT
Name: JOHNSON, PAUL
Address: 1120 MADISON AVENUE
City-St-Zip: TOLEDO, OH 43604

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: KATHERINE MIKOLAJCZAK

VP

01/27/2011

Electronic Signature of Signing Officer or Director

_____ Date