

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000002302

**Entity Name:** BROOKS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1120 MADISON AVENUE  
TOLEDO, OH 43604

**Current Mailing Address:**

1120 MADISON AVENUE  
TOLEDO, OH 43604

**FEI Number: 34-4194540**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 CP  
Name JOHNSON, DENNIS  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

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

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

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

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

Title VP  
Name BROWN, BEN  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

Title SR. VP  
Name KEVIN, BRENNAN  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

Title SECRETARY  
Name HECKLINGER, SANDY  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

**Continues on page 2**

*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**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name CONNORS, MARTY  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

Title SR. VP  
Name STENGLE, JIM  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604

Title VP  
Name LORTIE, JIM  
Address 1120 MADISON AVENUE  
City-State-Zip: TOLEDO OH 43604