## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600002302

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

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR., SUITE A TALLAHASSEE, FL 32301 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	СР	Title	D
Name	JOHNSON, DENNIS	Name	JOHNSON, SHEILA
Address	1120 MADISON AVENUE	Address	1120 MADISON AVENUE
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604
Title	VP	Title	VPT
Name	MIKOLAJCZAK, KATHERINE	Name	JOHNSON, PAUL
Address	1120 MADISON AVENUE	Address	1120 MADISON AVENUE
City-State-Zip:	TOLEDO OH 43604	City-State-Zip:	TOLEDO OH 43604
Title	D		
Name	JOHNSON, WILLIAM		
Address	1120 MADISON AVENUE		
City-State-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 M. MIKOLAJCZAK

CFO

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 28, 2013 Secretary of State CC2710671717

Date