## 844258

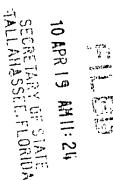
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R.A. Chore C.COULLIETTE

APR 20 2070

**EXAMINER** 



April 14, 2010

VIA REGULAR MAIL

Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

RE: Brulin & Company, Inc.

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above captioned in your state along with our check to cover the required filing fees.

Please file with your office and return evidence to my attention at the letterhead address. If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely.

Norine Nagel'

NN/ms Encl.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: Brulin & Company, Inc.			
2. The principa	al office address: 2920 Dr. Andrew J. I	Brown Avenue, Indianapolis, IN 46205	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 09/28/1979	Document number: 844258	8
5. The name at		red agent and registered office on file wi	
	CT Corporation System		- <del>2</del> 00 6
		oad	
			5
6. The name ar (if changed)	nd street address of the new registered	l agent (if changed) and /or registered off	10 APR 19 MII: 24 SECRETARY OF STATE SECRETARY OF S
	NRAI Services, Inc.		
	2731 Executive Park Dr		_
	(P.O. Box NOT acce Weston, FL 33331	eptable)	<del>-</del>
The street add as changed wi	lress of its registered office and the s	treet address of the business office of it	ts registered agent,
Such change vauthorized by	was authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an en notified in writing of the change.	n officer so
Daniel M. Crook-Controller/Asst. Secretary  (Signature of an other or director)  (Printed or typed name and title)			
I furthér agrée of my duties, a document is b corporgion h	as been nonnea in writing of this ch	l statutes relative to the proper and cor e obligation of my position as registere in the registered office address. I here	mplete performance ed agent. Or, if this by confirm that the
NRA Service	(Signature / Registered Agent)	4/12/10 (Date)	
/ If signing on t	behalf of an entity:		
Norine Na	gel-Assistant Secretary		

\* \* \* FILING FEE: \$35.00 \* \* \*

(Typed or Printed Name)