2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001451

FILED
Jan 14, 2009
Secretary of State

Entity Name: AUTOVIN, INC.

Current Principal Place of Business:

13085 HAMILTON CROSSING BLVD.
STE 500
CARMEL, IN 46032

New Principal Place of Business:

Current Mailing Address:

13085 HAMILTON CROSSING BLVD.
SUITE 500
CARMEL, IN 46032

New Mailing Address:

FEI Number: 35-2086523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: JONES, DENNIS
Address: 50 MANSELL COURT, STE. 200
City-St-Zip: ROSWELL, GA 30076

Title: EVP ( ) Delete
Name: LOUGHMILLER, ERIC M
Address: 13085 HAMILTON CROSSING BLVD. #500
City-St-Zip: CARMEL, IN 46032

Title: EVP ( ) Delete
Name: LIPS, PAUL J
Address: 13085 HAMILTON CROSSING BLVD. #500
City-St-Zip: CARMEL, IN 46032

Title: TREA ( ) Delete
Name: PEISNER, JONATHAN
Address: 13085 HAMILTON CROSSING BLVD. #500
City-St-Zip: CARMEL, IN 46032

Title: SEC ( ) Delete
Name: MALLON, MICHELLE
Address: 13085 HAMILTON CROSSING BLVD., #500
City-St-Zip: CARMEL, IN 46032

Title: VP ( ) Delete
Name: ANDERSON, SCOTT A
Address: 13085 HAMILTON CROSSING BLVD., #500
City-St-Zip: CARMEL, IN 46032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHELLE MALLON SEC 01/14/2009
Electronic Signature of Signing Officer or Director Date