

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006430

FILED
Jan 14, 2009
Secretary of State

Entity Name: ASH BROKERAGE CORPORATION

Current Principal Place of Business:

7609 W. JEFFERSON BLVD.
FORT WAYNE, IN 46804

New Principal Place of Business:

Current Mailing Address:

7609 W. JEFFERSON BLVD.
FORT WAYNE, IN 46804

New Mailing Address:

FEI Number: 35-1479222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CPD () Delete
Name: ASH, TIM
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

Title: D () Delete
Name: ASH, JIM
Address: 15032 PRATOLINO WAY
City-St-Zip: NAPLES, FL 34110

Title: S () Delete
Name: BASTRESS, CINDY A
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

Title: DVP () Delete
Name: SCHAEFER, GARY
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

Title: T () Delete
Name: KRAFCHECK, JAMES A
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

Title: CPD () Delete
Name: HEFFERON, MICHAEL
Address: 317 MADISON AVENUE, SUITE 703
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DUNNUCK, PAMELA K
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

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

Title: DVP (X) Change () Addition
Name: GROVER, JASON
Address: 7609 W. JEFFERSON BLVD.
City-St-Zip: FORT WAYNE, IN 46804

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: PAMELA DUNNUCK

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date