

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005714

Entity Name: HARLAN LABORATORIES, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

8105 KRAUSS RD
SUITE 105
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

8520 ALLISON POINTE BLVD
400
INDIANAPOLIS, IN 46250

New Mailing Address:

ALLISON POINTE BLVD.
SUITE 400
INDIANAPOLIS, IN 46250

FEI Number: 35-1071009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, STEVE
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: CFO () Delete
Name: MARIANI, PETER
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP () Delete
Name: MCGINLEY, JACK R
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP (X) Delete
Name: TAYLOR, BETH A
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP (X) Delete
Name: EHLEN, KENNETH W
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, STEPHEN J
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP (X) Change () Addition
Name: EHLEN, KENNETH W
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: VP (X) Change () Addition
Name: YARNIN, GAL
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

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: STEPHEN J. SULLIVAN

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date