

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005714

FILED
Apr 14, 2010
Secretary of State

Entity Name: HARLAN LABORATORIES, INC.

Current Principal Place of Business:

8105 KRAUSS RD
SUITE 105
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

ALLISON POINTE BLVD.
SUITE 400
INDIANAPOLIS, IN 46250

New Mailing Address:

8520 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: CLARK, PAUL N
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: CFO
Name: KULKA, JEFFREY S
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: TREA
Name: SUTTON, GARY
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: CONT
Name: BARTON, ANDREW D
Address: 8520 ALLISON POINTE BLVD, SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: TAX
Name: SIMPSON, DAVID
Address: 8520 ALLISON POINTE BLVD., SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

Title: PRES
Name: SOMMER, KUNO
Address: 8520 ALLISON POINTE BLVD., SUITE 400
City-St-Zip: INDIANAPOLIS, IN 46250

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: DAVID SIMPSON

TAX

04/14/2010

Electronic Signature of Signing Officer or Director

Date