

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000400

Entity Name: YOURENCORE, INC.

FILED
Jan 25, 2009
Secretary of State

Current Principal Place of Business:

20 NORTH MERIDIAN STREET SUITE 800
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

20 NORTH MERIDIAN STREET SUITE 800
INDIANAPOLIS, IN 46204

New Mailing Address:

FEI Number: 11-3702862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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: C () Delete
Name: BARNARD, JOHN H
Address: 1609 HAZELWOOD COURT WEST
City-St-Zip: GREENWOOD, IN 46143

Title: M () Delete
Name: BYRUM, WILLIAM H
Address: 47 SOUTH ELM STREET
City-St-Zip: ZIONSVILLE, IN 46077

Title: MP () Delete
Name: LAWSON, BRADLEY W
Address: 1289 WEST 136TH STREET
City-St-Zip: CARMEL, IN 46032

Title: MST () Delete
Name: TICHENOR, TIMOTHY J
Address: 1236 WOLF RUN WAY
City-St-Zip: GREENWOOD, IN 46143

Title: M () Delete
Name: CRANE, STEVE
Address: 1585 NORTH US HIGHWAY 421
City-St-Zip: WHITESTOWN, IN 46075

Title: M () Delete
Name: PETER, ERICKSON
Address: 9000 PLYMOUTH AVENUE NORTH
City-St-Zip: MINNEAPOLIS, MN 55427

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:

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City-St-Zip:

Title: () Change () Addition
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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: TIMOTHY J TICHENOR

SEC

01/25/2009

Electronic Signature of Signing Officer or Director

Date