

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004353

FILED
Apr 24, 2009
Secretary of State

Entity Name: BRINKMANN INSTRUMENTS, INC.

Current Principal Place of Business:

6555 PELICAN CREEK CIRCLE
RIVERVIEW, FL 33578

New Principal Place of Business:

Current Mailing Address:

6555 PELICAN CREEK CIRCLE
RIVERVIEW, FL 33578

New Mailing Address:

525 W. MONROE ST.
STE. 2360
CHICAGO, IL 60661

FEI Number: 26-0130818

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., SUITE 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: D () Delete
Name: FAESSLER, CHRISTOPH DR.
Address: OBERDORFSTR. 68
City-St-Zip: 9101 HERISAU, SWITZERLAND,

Title: D () Delete
Name: WINTERHALTER, BRUNO
Address: OBERDORFSTR. 68
City-St-Zip: 9101 HERISAU, SWITZERLAND,

Title: PCEO () Delete
Name: PLATTER, EUGENE B
Address: 6555 PELICAN CREEK CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

Title: ASD () Delete
Name: THIEDMANN, KLAUS U
Address: 525 W. MONROE STREET #2360
City-St-Zip: CHICAGO, IL 60661

Title: VS () Delete
Name: HAUSER, ANDREW
Address: ONE CANTIAGUE ROAD
City-St-Zip: WESTBURY, NY 11590

Title: V () Delete
Name: TOMPKINS, JEFF
Address: 6555 PELICAN CREEK CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: PLATTER, EUGENE B
Address: 6555 PELICAN CREEK CIRCLE
City-St-Zip: RIVERVIEW, FL 33578

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: KLAUS U. THIEDMANN

ASD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date