

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000004359

FILED
Jun 08, 2009
Secretary of State

Entity Name: INSURANCE BROKERS NETWORK, INC.

Current Principal Place of Business:

400 BALTIMORE STREET
GETTYSBURG, PA 17325

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4536
GETTYSBURG, PA 17325

New Mailing Address:

FEI Number: 51-0590694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEHR, RICHARD M
Address: P.O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

Title: CEO (X) Delete
Name: CROWNER, MATTHEW J
Address: P.O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

Title: S () Delete
Name: MADISON, BABETTE L
Address: P.O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

Title: T () Delete
Name: WENGER, CURTIS L
Address: P.O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

Title: VP () Delete
Name: FAY, III, WILLIAM C
Address: P.O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

Title: VP () Delete
Name: MCGOVERN, PATRICK J
Address: P. O. BOX 4536
City-St-Zip: GETTYSBURG, PA 17325

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:

Title: () Change () Addition
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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: BABETTE L. MADISON

S

06/08/2009

Electronic Signature of Signing Officer or Director

Date