## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000002605

YOUNG, BARBARA A

50 FRANKLIN STREET

VALPARAISO, IN 46383 US

Name:

Address: City-St-Zip:

Entity Name: BRANMAN CORP.

FILED Jan 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 EAST 80TH PLACE SUITE 600 NORTH MERRILLVILLE, IN 46410 US **Current Mailing Address: New Mailing Address:** 1000 EAST 80TH PLACE SUITE 600 NORTH MERRILLVILLE, IN 46410 FEI Number: 35-2046339 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition Name: BURNELL, LAWRENCE E Name: 1000 EAST 80TH PLACE SUITE 600 NORTH Address: Address: City-St-Zip: MERRILLVILLE, IN 46410 US City-St-Zip: Title: VSD Title: () Delete () Change () Addition Name: BOWMAN, CAROL A Name: 1000 E 80TH PLACE STE 700 NORTH Address: Address: MERRILLVILLE, IN 46410 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL ANN BOWMAN VP 01/05/2009