2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001797

FILED Apr 15, 2009 Secretary of State

Entity Name: BERNARDIN, LOCHMUELLER AND ASSOCIATES, INC.

6200 VOG	-	of Business:	New Principal Place	New Principal Place of Business:	
EVANSVII	EL ROAD LLE, IN 477154	006			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	EL ROAD LLE, IN 477154	006			
FEI Number	: 35-1455938	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU PLANTAT	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD US	urpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.		mpood of officing its registers	ou omeo er regionereu agem, er zear,	
SIGNATU					
	Electron	ic Signature of Registered Ager	nt	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: Address:	CD () LOCHMUELLEF 516 E ADAMS CHANDLER, IN		Title: Name: Address: City-St-Zip:	() Change() Addition	
Name: Address: City-St-Zip: Title: Name: Address:	LOCHMUELLEF 516 E ADAMS CHANDLER, IN	R, KEITH 47610 Delete N W	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	LOCHMUELLEF 516 E ADAMS CHANDLER, IN TD () BOERSTE, DEA 3755 OXFORD TELL CITY, IN	R, KEITH 47610 Delete NN W RD Delete S R RAY ROAD	Name: Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	LOCHMUELLEF 516 E ADAMS CHANDLER, IN TD () BOERSTE, DEA 3755 OXFORD TELL CITY, IN D () GULICK, JAME: 7400 OUTER G NEWBURGH, IN	R, KEITH 47610 Delete N W RD Delete S R RAY ROAD I 47630 Delete ER, MATTHEW E ROAD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()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.

SIGNATURE: KEITH LOCHMUELLER CEO 04/15/2009