

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000006145

**Entity Name:** BRANDS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6449 ALLEN ROAD  
WEST CHESTER, OH 45069

**Current Mailing Address:**

P.O. BOX 62267  
CINCINNATI, OH 45262

**FEI Number: 31-1403760**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS LEGAL SERVICES, LLC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title	P	Title	T
Name	BRANDS, ALISON M	Name	BRANDS, MATTHEW J
Address	2925 ALPINE TERRACE	Address	4576 MORRIS CT
City-State-Zip:	CINCINNATI OH 45208	City-State-Zip:	MASON OH 45040

*I hereby 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 all other like empowered.*

**SIGNATURE: ALISON M BRANDS**

**OWNER**

**03/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date