

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90052 038 ***150.00

DOCUMENT # F02000003013



1. Entity Name
DRIVER ALLIANT INSURANCE SERVICES, INC.

Principal Place of Business
**1620 FIFTH AVE.
SAN DIEGO CA 92101-2797**

Mailing Address
**1620 FIFTH AVE.
SAN DIEGO CA 92101-2797**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0785439**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	CORBETT, THOMAS W	
STREET ADDRESS	1620 FIFTH AVE.	
CITY-ST-ZIP	SAN DIEGO CA 92101-2797	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ADDEO, JOHN	
STREET ADDRESS	6 SUBURBAN AVE.	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HALL, JEROLD D	
STREET ADDRESS	1620 FIFTH AVE.	
CITY-ST-ZIP	SAN DIEGO CA 92101-2797	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORZECH, PAUL	
STREET ADDRESS	6 SUBURBAN AVE.	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	ASVP	<input type="checkbox"/> Delete
NAME	CALABRESE, ANDRES	
STREET ADDRESS	1620 FIFTH AVE.	
CITY-ST-ZIP	SAN DIEGO CA 92101-2797	
TITLE	S	<input type="checkbox"/> Delete
NAME	IACONO, JOHN	
STREET ADDRESS	6 SUBURBAN AVE.	
CITY-ST-ZIP	STAMFORD CT 06901	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Andreas M. Calabrese*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Andreas M. Calabrese

1/9/03

(619) 238-1828

Date

Daytime Phone #

CR2E034 (10/02)