


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90153 006 \*\*\*150.00

**DOCUMENT # F04000005807**

1. Entity Name  
**CRUMP E&S OF SAN FRANCISCO INSURANCE SERVICES, INC.**



40067195



Principal Place of Business  
**160 SPEAR STREET, SUITE 1600  
 SAN FRANCISCO, CA 94105**

Mailing Address  
**160 SPEAR STREET, SUITE 1600  
 SAN FRANCISCO, CA 94105**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**121 RIVER STREET  
 TAX DEPT. - 5TH FL.**

City & State  
**HOBOKEN, NJ**

Zip  
**07030**

04072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

4. FEI Number  
**22-3063308**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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 **DVP**  Delete  
 NAME **CONNER, W. STEPHEN**  
 STREET ADDRESS **7557 RAMBLER ROAD, SUITE 350**  
 CITY-ST-ZIP **DALLAS, TX 75231**

TITLE **PRESIDENT**  Change  Addition  
 NAME **PETER SCOTT**  
 STREET ADDRESS **160 SPEAR STREET**  
 CITY-ST-ZIP **SAN FRANCISCO, CA 94105**

TITLE **D**  Delete  
 NAME **COOKE, JEREMY DAVID**  
 STREET ADDRESS **1166 AVENUE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **NESBITT, RICHARD D**  
 STREET ADDRESS **7557 RAMBLER ROAD, SUITE 350**  
 CITY-ST-ZIP **DALLAS, TX 75231**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **D**  Delete  
 NAME **O'BRIEN, PATRICK R**  
 STREET ADDRESS **7557 RAMBLER ROAD, SUITE 350**  
 CITY-ST-ZIP **DALLAS, TX 75231**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **VP**  Delete  
 NAME **MCDONOUGH, RICHARD**  
 STREET ADDRESS **160 SPEAR ST., SUITE 1600**  
 CITY-ST-ZIP **SAN FRANCISCO, CA 94105**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **JOSEPH P. GIGLIOTTI**  
 STREET ADDRESS **1166 AVE OF THE AMERICAS**  
 CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **VP**  Delete  
 NAME **STANICK, KEITH**  
 STREET ADDRESS **121 RIVER STREET, 5TH FLOOR**  
 CITY-ST-ZIP **HOBOKEN, NJ 07030**

TITLE \_\_\_\_\_  Change  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: Joseph P. Gigliotti **JOSEPH P. GIGLIOTTI** 4/15/2005 948-2067  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #