

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003924

FILED
Apr 14, 2010
Secretary of State

Entity Name: TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.

Current Principal Place of Business:

116 JOHN ROBERT THOMAS DR., SUITE A
EXTON, PA 19341

New Principal Place of Business:

Current Mailing Address:

PO BOX 1587
EXTON, PA 19341

New Mailing Address:

FEI Number: 23-3060386 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: PRES
Name: STAZZONE, JOSEPH
Address: 116 JOHN ROBERT THOMAS DRIVE, SUITE A
City-St-Zip: EXTON, PA 19341

Title: SEC
Name: STAZZONE, JOSEPH
Address: 116 JOHN ROBERT THOMAS DRIVE, SUITE A
City-St-Zip: EXTON, PA 19341

Title: TREA
Name: STAZZONE, JOSEPH
Address: 116 JOHN ROBERT THOMAS DRIVE, SUITE A
City-St-Zip: EXTON, PA 19341

Title: DIR.
Name: STAZZONE, JOSEPH
Address: 116 JOHN ROBERT THOMAS DRIVE, SUITE A
City-St-Zip: EXTON, PA 19341

Title: VP
Name: DASCALOFF, LISA A
Address: 116 JOHN ROBERT THOMAS DRIVE, SUITE A
City-St-Zip: EXTON, PA 19341

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: JOSEPH STAZZONE

PRES

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date