2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# F08000003694

Entity Name: ADJUSTERS INTERNATIONAL, INC.

Current Principal Place of Business:

126 BUSINESS PARK DRIVE
UTICA, NY 13502

New Principal Place of Business:

Current Mailing Address:

126 BUSINESS PARK DRIVE
UTICA, NY 13502

New Mailing Address:

FEI Number: 74-2367164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C ( ) Delete
Name: LUCURELL, ROBERT
Address: 305 EAST PINE STREET
City-St-Zip: SEATTLE, WA 98122

Title: D ( ) Delete
Name: RAKE, WILLIAM
Address: 16542 VENTURA BLVD., SUITE 200
City-St-Zip: ENCINO, CA 914362092

Title: D ( ) Delete
Name: KAHN, NEIL
Address: 6 RESERVOIR CIRCLE, SUITE 202
City-St-Zip: BALTIMORE, MD 212087310

Title: P ( ) Delete
Name: CUCCARO, RONALD A
Address: 126 BUSINESS PARK DRIVE
City-St-Zip: UTICA, NY 13502

Title: VP ( ) Delete
Name: SURACE, STEPHEN T
Address: 126 BUSINESS PARK DRIVE
City-St-Zip: UTICA, NY 13502

Title: S ( ) Delete
Name: BICKFORD, PATRICK
Address: 602 PARK POINT DRIVE, SUITE 206
City-St-Zip: GOLDEN, CO 80401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STEPHEN T SURACE VP 01/19/2009

Electronic Signature of Signing Officer or Director Date