

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000486

FILED  
Mar 10, 2010  
Secretary of State

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

**Current Principal Place of Business:**

ONE BALA PLAZA STE 100  
BALA CYNWYD, PA 19004

**New Principal Place of Business:**

**Current Mailing Address:**

ONE BALA PLAZA STE 100  
BALA CYNWYD, PA 19004

**New Mailing Address:**

**FEI Number:** 23-1609281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHIEF FINANCIAL OFFICER  
PO BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399 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:** CEO  
**Name:** MAGUIRE, JAMES J JR  
**Address:** ONE BALA PLAZA STE 100  
**City-St-Zip:** BALA CYNWYD, PA 19004

**Title:** DP  
**Name:** SWEENEY, SEAN S  
**Address:** ONE BALA PLAZA STE 100  
**City-St-Zip:** BALA CYNWYD, PA 19004

**Title:** DV  
**Name:** MAGUIRE, CHRISTOPHER J  
**Address:** ONE BALA PLAZA STE 100  
**City-St-Zip:** BALA CYNWYD, PA 19004

**Title:** ST  
**Name:** KELLER, CRAIG P  
**Address:** ONE BALA PLAZA STE 100  
**City-St-Zip:** BALA CYNWYD, PA 19004

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:** SEAN S. SWEENEY

PRES

03/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date