

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90205 046 ***150.00

DOCUMENT # P15716

1. Entity Name
NSA AGENCIES INC.



Principal Place of Business

110 JAMES DR. WEST
SUITE 120
ST. ROSE, LA 70087

Mailing Address

110 JAMES DR. WEST
SUITE 120
ST. ROSE, LA 70087

24071205



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1101778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOAG, BRUCE C.
STREET ADDRESS	20 MARSHALL ST STE 200
CITY-ST-ZIP	SOUTH NORWALK, CT 06854
TITLE	TS
NAME	GUERTIN, EVELYN
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	PD
NAME	DUFFY, GEORGE E.
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	VP
NAME	KITSOS, CHRIS
STREET ADDRESS	110 JAMES DR WEST STE 120
CITY-ST-ZIP	SAINT ROSE, LA 70087
TITLE	D
NAME	ANGLIN, JOHN I
STREET ADDRESS	2755 LOCUS DRIVE 173 Roscommon Place
CITY-ST-ZIP	PITTSBURGH, PA-15241 McMurray, Pa
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	15317-2445

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Evelyn Guertin
Evelyn Guertin

4-29-04

504-469-0731