

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000008687

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** COLLATERAL EVALUATION ASSOCIATES, INC.

**Current Principal Place of Business:**

4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 65-0387356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FEINSINGER, FREDERICK  
4457 HICKORY DRIVE  
PALM BEACH GARDENS, FL 33418 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FEINSINGER, FREDERICK  
Address: 4457 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S  
Name: FEINSINGER, MARGARET S  
Address: 4457 HICKORY DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: V  
Name: FEINSINGER, GREGORY F  
Address: 172 BENT TREE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V  
Name: ROBINETTE, R L  
Address: 6310 FARMINGDALE DR  
City-St-Zip: CHARLOTTE, NC 28212

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: FEINSINGER, FREDERICK

CFO

01/07/2012

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

\_\_\_\_\_ Date