

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200006119

**Entity Name:** PWP INTERNATIONAL, LLC

**Current Principal Place of Business:**

9725 WINDERMERE BLVD  
FISHERS, IN 46037

**Current Mailing Address:**

9725 WINDERMERE BLVD  
FISHERS, IN 46037

**FEI Number:** 61-1674531

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name NATIONAL CATASTROPHE  
ADJUSTERS, INC.  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

Title MANAGER  
Name PEARL, JAMES  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

Title MANAGER  
Name PAWLAK, RAY  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

Title MANAGER  
Name MACBEAN, IAIN  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

Title MANAGER  
Name WRIGHT, MARTIN  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

Title MANAGER  
Name WHITFIELD, ANDY  
Address 9725 WINDERMERE BLVD  
City-State-Zip: FISHERS IN 46037

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES PEARL

MANAGER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date