

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Mar 05, 2014
Secretary of State
CC4529311561

Entity Name: TRIAD INSURANCE MANAGEMENT & SERVICES AGENCY, INC.

Current Principal Place of Business:

116 JOHN ROBERT THOMAS DR., SUITE A
EXTON, PA 19341

Current Mailing Address:

PO BOX 1587
EXTON, PA 19341

FEI Number: 23-3060386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Officer/Director Detail :

Title VP, TREASURER, DIRECTOR
Name STAZZONE, JOSEPH
Address 116 JOHN ROBERT THOMAS DRIVE,
SUITE A
City-State-Zip: EXTON PA 19341

Title PRESIDENT, SECRETARY, DIRECTOR
Name ONARO, JAMES D
Address 116 JOHN ROBERT THOMAS DRIVE,
SUITE A
City-State-Zip: EXTON PA 19341

Title VP, ASST. TREASURER
Name DASCALOFF, LISA A
Address 116 JOHN ROBERT THOMAS DRIVE,
SUITE A
City-State-Zip: EXTON PA 19341

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: JAMES. D. ONARO

PRESIDENT

03/05/2014

Electronic Signature of Signing Officer/Director Detail

Date