

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005994

Entity Name: JOHN SUTAK INSURANCE BROKERS, INC.**Current Principal Place of Business:**101 CALIFORNIA STREET, SUITE 2800
SAN FRANCISCO, CA 94111**Current Mailing Address:**PO BOX 469011
SAN ANTONIO, TX 78246 US**FEI Number:** 94-3056490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND RD.
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 PRESIDENT, DIRECTOR
Name SUTAK, JOHN
Address 101 CALIFORNIA STREET, SUITE 2800
City-State-Zip: SAN FRANCISCO CA 94111

Title VP
Name FULLER, PAUL
Address 101 CALIFORNIA STREET, SUITE 2800
City-State-Zip: SAN FRANCISCO CA 94111

Title VP, TREASURER
Name GEURIN, LYNN K
Address 175 E. HOUSTON ST
 13TH FLOOR
City-State-Zip: SAN ANTONIO TX 78205

Title ASST. TREASURER
Name CROCKETT, LAURI
Address 175 E. HOUSTON ST.
 13TH FLOOR
City-State-Zip: SAN ANTONIO TX 78205

Title VP, SECRETARY, DIRECTOR
Name COMEAUX, CRAIG S
Address 175 E. HOUSTON ST.
 STE 1300
City-State-Zip: SAN ANTONIO TX 78205

Title VP
Name PLATT, DANIEL G
Address 175 E. HOUSTON ST.
 13TH FLOOR
City-State-Zip: SAN ANTONIO TX 78205

Title VP
Name STULTING, MARY
Address 175 E. HOUSTON ST.
 13TH FLOOR
City-State-Zip: SAN ANTONIO TX 78205

Title ASST. SECRETARY
Name ADAIR, AMBER
Address 5100 N. O'CONNOR BLVD
 SUITE 200
City-State-Zip: IRVING TX 75039

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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: CRAIG S COMEAUX**DIRECTOR****04/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP
Name	COTTRELL, ARNOLD
Address	175 E. HOUSTON ST. 13TH FLOOR
City-State-Zip:	SAN ANTONIO TX 78205