

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003804

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC1189951759**

**Entity Name:** COTTINGHAM & BUTLER INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

800 MAIN STREET  
DUBUQUE, IA 52001

**Current Mailing Address:**

800 MAIN STREET  
DUBUQUE, IA 52001

**FEI Number: 42-0198040**

**Certificate of Status Desired: No**

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

C T 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 DP  
Name BECKER, DAVID  
Address 1767 DOVER COURT  
City-State-Zip: DUBUQUE IA 52003

Title V  
Name PATRICK, CHRISTOPHER  
Address 844 DOROTHY KAY DRIVE  
City-State-Zip: DUBUQUE IA 52003

Title ST  
Name BERNS, TIMOTHY  
Address 2866 CASTLEWOODS LN  
City-State-Zip: DUBUQUE IA 52001

Title VP  
Name FAIR, DEAN  
Address 1112 HUNTERS RIDGE  
City-State-Zip: DUBUQUE IA 52003

*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: TIMOTHY BERNS**

**SECRETARY/TREASURER 04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date