

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000429

Entity Name: COMBINED GROUP INSURANCE SERVICES, INC.**Current Principal Place of Business:**14785 PRESTON RD, STE 350
DALLAS, TX 75254**Current Mailing Address:**14785 PRESTON RD, STE 350
DALLAS, TX 75254**FEI Number:** 26-0681247**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 DC
Name STRIANESE, ANTHONY T
Address 303 CORPORATE CENTER DR, SUITE 300A
City-State-Zip: STOCKBRIDGE GA 30281

Title V
Name WALKER, CORY T
Address 220 S RIDGEWOOD AVENUE
City-State-Zip: DAYTONA BEACH FL 32114

Title TREASURER
Name STANTON, JOSEPH
Address 1815 GRIFFIN ROAD, STE. 300
City-State-Zip: FORT LAUDERDALE FL 33004

Title VS
Name GRAMMIG, LAUREL L
Address 655 N. FRANKLIN ST., STE. 1900
City-State-Zip: TAMPA FL 33602

Title P
Name STOCK, BLAKE Y
Address 14785 PRESTON ROAD, SUITE 350
City-State-Zip: DALLAS TX 75254

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: LAUREL L. GRAMMIG**SECRETARY****04/16/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date