

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000583

**Entity Name:** STERLING SMITH INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

450 W. STATE ST., SUITE 215  
EAGLE, ID 83616

**Current Mailing Address:**

450 W. STATE ST., SUITE 215  
EAGLE, ID 83616 US

**FEI Number:** 26-1553753

**Certificate of Status Desired:** No

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

MCCANN, JOHN D  
1963-A VILLAGE GREEN WAY  
TALLAHASSEE, FL 32308 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 PCEO  
Name SMITH, BECKY  
Address 450 W. STATE ST., SUITE 215  
City-State-Zip: EAGLE ID 83616

Title TCFO  
Name SMITH, MARK  
Address 4493 N. BUCKBOARD PLACE  
City-State-Zip: BOISE ID 83713

*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:** BECKY SMITH

CEO

01/14/2013

Electronic Signature of Signing Officer/Director Detail

Date