

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000371

Entity Name: LOGWOOD INSURANCE AGENCY, INC.

Current Principal Place of Business:

14410 WURZBACH PARKWAY, SUITE 120
SAN ANTONIO, TX 78216

Current Mailing Address:

P.O. BOX 33240
SAN ANTONIO, TX 78265

FEI Number: 20-3445886

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 VICE PRESIDENT AND DIRECTOR
Name LABRIE, SUSAN P
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title SECRETARY, VP, DIRECTOR
Name WEBB, THOMAS C
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title ASSISTANT SECRETARY
Name MORALEZ, SHANNON P.
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VP, TREASURER, DIRECTOR
Name GOLLA, BRYAN S
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VP
Name FARMER, ERIKA K
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title PRESIDENT, DIRECTOR
Name GARZA-STEELE, VIVIAN
Address P.O. BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

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: SUSAN LABRIE

VICE PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date