

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000371

Entity Name: LOGWOOD INSURANCE AGENCY, INC.

Current Principal Place of Business:

2338 NORTH LOOP 1604W
SAN ANTONIO, TX 78248

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 VPD
Name HARRAL, LEONARD R
Address PO BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VPTD
Name STOKES, WARREN A
Address PO BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title PD
Name WATT, TIMOTHY A
Address PO BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title D
Name ZACHRY, DAVID S
Address PO BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title VP
Name LABRIE, SUSAN P
Address PO BOX 33240
City-State-Zip: SAN ANTONIO TX 78265

Title S
Name WEBB, THOMAS C
Address PO 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: WARREN A. STOKES

VPTD

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date