

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004514

Entity Name: CHOICEMARK INSURANCE SERVICES, INC.

Current Principal Place of Business:

2020 W 89TH STREET 2ND FLOOR
LEAWOOD, KS 66206

Current Mailing Address:

2020 W 89TH STREET 2ND FLOOR
LEAWOOD, KS 66206 US

FEI Number: 46-1170468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 PRESIDENT, VP, SECRETARY,
 TREASURER, DIRECTOR
Name DANKER, TIMOTHY
Address 2020 W 89TH STREET 2ND FLOOR
City-State-Zip: LEAWOOD KS 66206

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 DANKER

PRESIDENT

04/21/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date