

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F12000004514

FILED
Jan 23, 2019
Secretary of State
5722202756CC

Entity Name: CHOICEMARK INSURANCE SERVICES, INC.

Current Principal Place of Business:

6800 W 115TH
SUITE 2511
OVERLAND PARK, KS 66211

Current Mailing Address:

6800 W 115TH
SUITE 2511
OVERLAND PARK, KS 66211 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
Name GUNTER, MATT
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title SECRETARY
Name SADUN, RAFFAELE
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title AUTHORIZED REPRESENTATIVE
Name SCHEIDT, HEATHER
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title DIRECTOR
Name SINGH, CHARAN
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title DIRECTOR
Name PAULSEN, DAVID L
Address 595 MARKET ST. 10TH FLOOR
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR
Name HAWKS, DONALD L
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title DIRECTOR
Name BRITTON, DONALD W
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

Title DIRECTOR
Name WELDON, RAYMOND F
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211

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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: HEATHER SCHEIDT

**AUTHORIZED
REPRESENTATIVE**

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRANT, TOM
Address 6800 W 115TH
 SUITE 2511
City-State-Zip: OVERLAND PARK KS 66211