

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004742

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC6840477278**

**Entity Name:** SBSI INSURANCE AGENCY OF TEXAS, INC.

**Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY, SUITE 500  
BOCA RATON, FL 33432

**Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY, SUITE500  
BOCA RATON, FL 33432

**FEI Number: 58-2559203**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
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 C/P  
Name LEEDS, MARSHALL T  
Address 595 SOUTH FEDERAL HIGHWAY,  
SUITE 500  
City-State-Zip: BOCA RATON FL 33432

Title D  
Name JACOBS, STEVEN C  
Address 595 SOUTH FEDERAL HIGHWAY,  
SUITE 500  
City-State-Zip: BOCA RATON FL 33432

Title S/T  
Name JACOBS, STEVEN C  
Address 595 SOUTH FEDERAL HIGHWAY,  
SUITE 500  
City-State-Zip: BOCA RATON FL 33432

*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: STEVEN JACOBS**

**DIRECTOR**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date