

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000003789

Entity Name: ARCHIBALD INSURANCE CENTER, INC.

Current Principal Place of Business:

135 W MAIN
REXBURG, ID 83440

FILED
Jan 10, 2018
Secretary of State
CC3605838172

Current Mailing Address:

216 S 200 W
CEDAR CITY, UT 84720 US

FEI Number: 82-0408012

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 C
Name SMITH, VANCE K
Address 216 S 200 W
City-State-Zip: CEDAR CITY UT 84720

Title VC
Name LEAVITT, ERIC O
Address 216 S 200 W
City-State-Zip: CEDAR CITY UT 84720

Title DV
Name COTTLE, AARON
Address 135 W MAIN
City-State-Zip: REXBURG ID 83440

Title D
Name ARCHIBALD, GARY
Address 135 W MAIN
City-State-Zip: REXBURG ID 83440

Title S
Name KENNEY, MARK G
Address 216 S 200 W
City-State-Zip: CEDAR CITY UT 84720

Title T
Name LEAVITT, MIKE
Address 135 W MAIN
City-State-Zip: REXBURG ID 83440

Title P
Name JENSEN, JAKE
Address 216 S 200 W
City-State-Zip: CEDAR CITY UT 84720

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: MARK G KENNEY

SECRETARY

01/10/2018

Electronic Signature of Signing Officer/Director Detail

Date