2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 149499

FILED Feb 25, 2003 Secretary of State

Entity Name: HILB, ROGAL AND HAMILTON COMPANY OF GAINESVILLE, FLORIDA, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 100	BERRY ROAD LLE, FL 32607	US			
Current Mailing Address:			New Maili	New Mailing Address:	
4951 LAKE BROOK DR 500 GLEN ALLEN, VA 23060 US					
FEI Number:	59-0368350	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS SUITE 105	SSTREET	DRPORATION SYSTEM, INC.			
	named entity so e of Florida.	ubmits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
	npaign Financing S AND DIRECT	Trust Fund Contribution().	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () [KARL, JAMES B 2201 NW 40TH T GAINESVILLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ss: 4235 INNSLAKE DR		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition VAUGHAN, MARTIN L III 4951 LAKE BROOK DRIVE, SUITE 500 GAINESVILLE, FL	
Title: Name: Address: City-St-Zip:	VD () [KORMAN, TIMOT 4235 INNSLAKE GLEN ALLEN, VA	DR	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition KORMAN, TIMOTHY J., 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	
Title: Name: Address: City-St-Zip:	T () I JONES, CAROLY 4235 INNSLAKE GAINESVILLE, F	DR	Title: Name: Address: City-St-Zip:	T (X) Change () Addition JONES, CAROLYN 4951 LAKE BROOK DRIVE, SUITE 500 GAINESVILLE, FL	
Title: Name: Address: City-St-Zip:	SD () I SMITH, WALTER 4235 INNSLAKE GLEN ALLEN, VA	DR	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition SMITH, WALTER L 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER L. SMITH SD 02/25/2003