2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 190383

Entity Name: INSURANCE SERVICING & ADJUSTING COMPANY

Current Principal Place of Business:

3225 MERIDIAN PARKWAY
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 267910
WESTON, FL 333267910 US

New Mailing Address:

FEI Number: 59-0761377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARACORP INCORPORATED
236 EAST 6TH AVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: LODEN, WILLIAM B
Address: 3225 MERIDIAN PARKWAY, 2ND FLOOR
City-St-Zip: WESTON, FL 33331

Title: TREA ( ) Delete
Name: REITZE, THOMAS J
Address: 2705 MEDIA CENTER DRIVE
City-St-Zip: LOS ANGELES, CA 90065

Title: SEC ( ) Delete
Name: OHL, CHARLES N
Address: 2705 MEDIA CENTER DRIVE
City-St-Zip: LOS ANGELES, CA 90065

Title: VP ( ) Delete
Name: BUCHELE, KLAUS
Address: 2705 MEDIA CENTER DRIVE
City-St-Zip: LOS ANGELES, CA 90065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change ( ) Addition
Name: REITZE, THOMAS J
Address: 2804 GATEWAY OAKS DR. #200
City-St-Zip: SACRAMENTO, CA 95833

Title: SEC (X) Change ( ) Addition
Name: OHL, CHARLES N
Address: 2804 GATEWAY OAKS DR. #200
City-St-Zip: SACRAMENTO, CA 95833

Title: VP (X) Change ( ) Addition
Name: BUCHELE, KLAUS
Address: 2804 GATEWAY OAKS DR. #200
City-St-Zip: SACRAMENTO, CA 95833

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES N. OHL SEC 02/09/2009

Electronic Signature of Signing Officer or Director Date