

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 579031

FILED  
Feb 17, 2011  
Secretary of State

Entity Name: INSURADYNE CORP.

**Current Principal Place of Business:**

5300 SOUTH 360 WEST  
SALT LAKE CITY, UT 84123

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 57220  
SALT LAKE CITY, UT 841570220

**New Mailing Address:**

FEI Number: 63-0761784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILL, STEPHEN M  
755 RINEHART RD  
LAKE MARY, FL 32746 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: QUIST, GEORGE R  
Address: 4491 WANDER LANE  
City-St-Zip: SALT LAKE CITY, UT 84117

Title: TV  
Name: SILL, STEPHEN M  
Address: 5300 S. 360 W. - SUITE 200  
City-St-Zip: SALT LAKE CITY, UT 84123

Title: PD  
Name: QUIST, SCOTT M  
Address: 7 WANDERWOOD WAY  
City-St-Zip: SANDY, UT 84092

Title: D  
Name: CRITTENDEN, CHARLES  
Address: 2334 FILMORE AVE  
City-St-Zip: OGDEN, UT 84401

Title: D  
Name: MOODY, HOWARD C  
Address: 1782 E FAUNSDALE DR  
City-St-Zip: SANDY, UT 84092

Title: VP  
Name: OLSON, DIANA C  
Address: 5300 SOUTH 360 WEST  
City-St-Zip: SALT LAKE CITY, UT 84123

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: DIANA C. OLSON

VP

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date