

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623029

FILED
Apr 20, 2009
Secretary of State

Entity Name: DLT INSURANCE ADJUSTERS, INC.

Current Principal Place of Business:

730 NW 107 AVE STE 214
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

POB 199023
DALLAS, TX 75219

New Mailing Address:

3333 LEE PKWY
SUITE 1200
DALLAS, TX 75219

FEI Number: 59-1909039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: JOHNSTON, MICHAEL S
Address: 730 NW 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: C () Delete
Name: ANDERSON, GLENN
Address: 3333 LEE PKWY STE 1200
City-St-Zip: DALLAS, TX 75219

Title: C () Delete
Name: BUXTON, RICHARD M
Address: 3333 LEE PKWY STE 1200
City-St-Zip: DALLAS, TX 75219

Title: D () Delete
Name: LYNCH, TERRY
Address: 3333 LEE PKWY STE 1200
City-St-Zip: DALLAS, TX 75219

Title: T () Delete
Name: COOTS, DANIEL J
Address: 3333 LEE PKWY STE 1200
City-St-Zip: DALLAS, TX 75219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARCIA BURKETT

VP

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date