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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 835878 (0)  
1. Corporation Name  
INS INVESTIGATIONS BUREAU, INC.

Principal Place of Business

Mailing Address

9 CAMPUS DR  
PARSIPPANY NJ 07054  
US

P.O. BOX 316  
SUITE 7  
PARSIPPANY NJ 07054-0316  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1976

4. FEI Number

13-2829003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE  
NAME CONLEY, SCOTT  
STREET ADDRESS 8740 EAST CELTIC DRIVE  
CITY-ST-ZIP SCOTTSDALE AZ

1.1 TITLE P/CEOT ☒ Change ☒ Addition  
1.2 NAME MICHAEL W. THOMPSON  
1.3 STREET ADDRESS 4426 Brookshadow Drive  
1.4 CITY-ST-ZIP KINGWOOD, TEXAS 77345

TITLE SVP ☒ DELETE  
NAME FERNANDES, LARRY  
STREET ADDRESS 3 SAXONY AVE  
CITY-ST-ZIP TIVERTON RI

2.1 TITLE EVP/COO/S/D ☐ Change ☒ Addition  
2.2 NAME SCOTT M. CONLEY  
2.3 STREET ADDRESS 8740 E. CELTIC DRIVE  
2.4 CITY-ST-ZIP SCOTTSDALE, ARIZONA 85260

TITLE VP ☒ DELETE  
NAME FLORING, WILLIAM  
STREET ADDRESS 9047 N. 14TH DRIVE  
CITY-ST-ZIP PHOENIX AZ

3.1 TITLE VP/IC ☒ Change ☒ Addition  
3.2 NAME ANTHONY BOURES  
3.3 STREET ADDRESS 23 DEER PATH  
3.4 CITY-ST-ZIP NESHANIC, NEW JERSEY 08853

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] H. 22-98 10227992-2521

CR2E034 (10/97)