

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000487

FILED
Apr 13, 2009
Secretary of State

Entity Name: THRIFTY INSURANCE AGENCY, INC.

Current Principal Place of Business:

5330 E. 31ST STREET
TULSA, OK 74135

New Principal Place of Business:

Current Mailing Address:

5330 E. 31ST STREET
TULSA, OK 74135

New Mailing Address:

FEI Number: 73-1564276

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: PD () Delete
Name: ERICKSON, ROBERT S
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

Title: V () Delete
Name: PAUL, KIMBERLY D
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

Title: T () Delete
Name: PECK, PAM
Address: 3107 EAST 85TH PLACE
City-St-Zip: TULSA, OK 74105

Title: AT () Delete
Name: MCMAHON, MIKE
Address: 5330 E 31ST STREET
City-St-Zip: TULSA, OK 74135

Title: VS () Delete
Name: VANIMAN, VICKI J
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

Title: AS () Delete
Name: RYAN, JAMES R
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VANIMAN, VICKI J
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

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: S (X) Change () Addition
Name: SCOTT, MARCIA A
Address: 5330 E 31ST ST
City-St-Zip: TULSA, OK 74135

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: JAMES R RYAN

AS

04/13/2009

Electronic Signature of Signing Officer or Director

Date