

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90002 022 \*\*\*150.00

**DOCUMENT # F00000001838**

1. Entity Name  
CRUMP INSURANCE SERVICES OF TEXAS, INC.



Principal Place of Business  
1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

Mailing Address  
1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

**24076560**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
62-1100168

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CONNER, STEPHEN 7557 RAMBLER RD. DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDDELL, ROSS 2 WISCINSIN CIRCLE CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLINGBAUM, JEFF 2 WISCONSIN CIRCLE CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD O'BRIEN, PATRICK 7557 RAMBLER ROAD DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORIK, MICHAEL 114 W 47TH ST. NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTORELLI, VINCENT TWO WISCONSIN CIRCLE CHEVY CHASE, MD 20815

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*Sebastian Taranceco* **SEBASTIAN TARANCECO** VP-TAX 4/22/04