

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90156 036 \*\*\*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**

2. Principal Place of Business

3. Mailing Address

**121 RIVER STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAX DEPT. - 5TH FL.**

City & State

City & State

**HOBOKEN, NJ**

Zip

Country

Zip

Country

**07030**

04112005

Chg-P

CR2E034 (10/03)

4. FEI Number

**62-1100168**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2005 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  
**CEO  
CONNER, STEPHEN  
7557 RAMBLER RD.  
DALLAS, TX 75231** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
RIDDELL, ROSS  
2 WISCINSIN CIRCLE  
CHEVY CHASE, MD 20815** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHLINGBAUM, JEFF  
2 WISCONSIN CIRCLE  
CHEVY CHASE, MD 20815** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ATD  
O'BRIEN, PATRICK  
7557 RAMBLER ROAD  
DALLAS, TX 75231** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BORIK, MICHAEL  
114 W 47TH ST.  
NEW YORK, NY 10036** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SANTORELLI, VINCENT  
TWO WISCONSIN CIRCLE  
CHEVY CHASE, MD 20815** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
PHILIP S. HAGAN  
7557 RAMBLER ROAD  
DALLAS, TX 75231** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASSISTANT TREASURER  
KAREN FARRELL  
1166 AVE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
JOSEPH P. GIGLIOTTI  
1166 AVE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
KEITH STANICK  
121 RIVER STREET  
HOBOKEN, NJ 07030** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASSISTANT SECRETARY  
SUSIE WU-DARE  
1166 AVE OF THE AMERICAS  
NEW YORK, NY 10036** ☐ Change ☒ Addition

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:

*Joseph P. Gigliotti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH P. GIGLIOTTI** 4/15/2005 784-2962

Date

Daytime Phone #