2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # F00000007100 1. Entity Name HOME SENTRY INSURANCE AGENCY, INC. 03-01-2001 90019 012 ***150 00 Principal Place of Business Mailing Address 2150 W. 18TH STREET, SUITE 300 2150 W. 18TH STREET, SUITE 300 HOUSTON TX 77008 HOUSTON TX 77008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 76-0639303 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Addition TITLE CP ☐ Delete TITLE ☐ Change NAME POLLIS, JOHN G NAME STREET ADDRESS STREET ADDRESS 2150 W. 18TH STREET, SUITE 300 City-ST-ZIP CITY-ST-ZIP HOUSTON TX 77008 Change Addition TITLE VC ☐ Delete TITLE NAME KUMMER, GLENN F NAME STREET ADDRESS STREET ADDRESS 3125 MEYERS STREET CITY-ST-7IP CITY-ST-ZIP RIVERSIDE CA 92513 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PLOWMAN, BOYD R NAME STREET ADDRESS STREET ADDRESS 2150 W. 18TH STREET, SUITE 300 CITY-ST-7IP CITY-ST-ZIP HOUSTON TX 77008 ☐ Change TITLE ☐ Delete TITLE Addition NAME THEOBALD, FORREST D NAME STREET ADDRESS STREET ADDRESS 3125 MEYERS ST. CITY-ST-7IP CITY-ST-ZIP **RIVERSIDE CA 92513** TITLE ☐ Delete TITLE Change ☐ Addition NAME LARKIN, LYLE N NAME STREET ADDRESS STREET ADDRESS 3125 MEYERS STREET CITY-ST-7IP CITY-ST-ZIP **RIVERSIDE CA 92513** ☐ Delete ☐ Change Addition TITLE D TITLE NAME NAME POTTER, NELSON W STREET ADDRESS STREET ADDRESS 3125 MEYERS STREET CITY-ST-7IP CITY-ST-ZIP **RIVERSIDE CA 92513** 13. 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 11 or Block 12 if changed, or on an attachment with an address; with all other like empowered.

FILED