2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# F01000000545

Entity Name: CBCA INSURANCE SERVICES, INC.

Current Principal Place of Business:

4150 INTERNATIONAL PLAZA #900
FT WORTH, TX 76109

New Principal Place of Business:

Current Mailing Address:

4150 INTERNATIONAL PLAZA #900
FT WORTH, TX 76109

New Mailing Address:

FEI Number: 75-2202155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P ( ) Delete
Name: WINKLEBACK, BOB L
Address: 4150 INTERNATIONAL PLAZA, #900
City-St-Zip: FT WORTH, TX

Title: V ( ) Delete
Name: MCBRIDE, STEPHEN L
Address: 4150 INTERNATIONAL PLAZA 900
City-St-Zip: FT WORTH, TX

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: WINKLEBACK, BOBBIE L
Address: 4150 INTERNATIONAL PLAZA, #900
City-St-Zip: FT WORTH, TX 76109 US

Title: VP (X) Change ( ) Addition
Name: PACINO, THOMAS LESTER
Address: 4150 INTERNATIONAL PLAZA, #900
City-St-Zip: FT WORTH, TX 76109 US

Title: AS ( ) Change (X) Addition
Name: RABINOWITZ, BARBRA L
Address: 4150 INTERNATIONAL PLAZA, #900
City-St-Zip: FT WORTH, TX 76109 US

Title: AS ( ) Change (X) Addition
Name: KELLEY, JUDY NELL
Address: 4150 INTERNATIONAL PLAZA, #900
City-St-Zip: FT WORTH, TX 76109 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUDY NELL KELLEY AS 04/14/2004

Electronic Signature of Signing Officer or Director — Date