2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# F01000001747

Entity Name: COMA INSURANCE AGENCY INC.

Current Principal Place of Business:

2900 AURORA RD
SOLON, OH 44139

New Principal Place of Business:

46 SHOPPING PLAZA
302
CHAGRIN FALLS, OH 44022

Current Mailing Address:

29000 AURORA RD
SOLON, OH 44139

New Mailing Address:

46 SHOPPING PLAZA
302
CHAGRIN FALLS, OH 44022

FEI Number: 34-1126672 **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

OFFICERS AND DIRECTORS:

Title: P
Name: STRAZZELLA, ALEX
Address: 46 SHOPPING PLAZA #302
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: VP
Name: LIBER, CARRIE
Address: 46 SHOPPING PLAZA #302
City-St-Zip: CHAGRIN FALLS, OH 44022

I hereby 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 all other like empowered.

SIGNATURE: CARRIE LIBER VICE 01/04/2012

Electronic Signature of Signing Officer or Director — Date