

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90009 021 ***150.00

DOCUMENT # F01000004604

1. Entity Name

GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.

Principal Place of Business

**820 GESSNER, SUITE 1000
 HOUSTON TX 77024**

Mailing Address

**820 GESSNER, SUITE 1000
 HOUSTON TX 77024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0681232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALTNEY, WILLIAM F JR. 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLANKENSHIP, CRYO O 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REISCHMAN, PHILIP E 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, ANDREW G 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AVRIETT, ALAN B 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FASONE, JAMES M 820 GESSNER, SUITE 1000 HOUSTON TX 77024	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4-17-02 630/773-3800

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT
FOI 600004604

CAPITAL STOCK:

Price/Par Value: \$1.00

DIRECTORS

Director
Director

William F. Galtney, Jr.
Gregory J. Flanagan
Sollie M. Bartoe
Robert B. Blasio
Thomas S. Helms
Crys O. Blankenship
Philip E. Reischman
Andrew G. Allen
Alan B. Avriett
Terry M. Drayer
James M. Fasone
Janice M. Garic
Sheila R. Hagg-Rickert
Dana R. Hando
Ida D. Havens
Charles S. Kolodkin
Nancy M. Kring
Randall M. Nukk
Stephen A. Stewart
Joanne Taylor
Michael J. Cloherty
John C. Rosengren
Valarie J. Allen
Elizabeth A. Berger
Denise D. Berry
James J. Braniff III
Felicia R. Gardner
David R. Long
Rex W. Martin
Shirley A. Sanders
Steven R. Smith
Yvonne G. Stamper

[illegible]

ATTN: Agent
C. FOI 000004604

[illegible]

Insurance Agency and Brokerage

820 Gessner, Suite 1000
Houston, Texas 77024