2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# F01000005258

Entity Name: C & R INSURANCE SERVICES, INC.

Current Principal Place of Business:

987 OLD EAGLE SCHOOL RD STE 715
WAYNE, PA 19087

New Principal Place of Business:

Current Mailing Address:

987 OLD EAGLE SCHOOL RD STE 715
WAYNE, PA 19087

New Mailing Address:

FEI Number: 23-2810550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARD, SHIRLEY AND RUDOLPH, P.A.
207 W PARK AVE STE B
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

OFFICERS AND DIRECTORS:

Title: PD
Name: ROTHMAN, MICHAEL P
Address: 987 OLD EAGLE SCHOOL ROAD, SUITE 715
City-St-Zip: WAYNE, PA 19087

Title: VPD
Name: ROSS, PATRICK
Address: 987 OLD EAGLE SCHOOL ROAD, SUITE 715
City-St-Zip: WAYNE, PA 19087

Title: VPD
Name: PORTER, DENISE
Address: 987 OLD EAGLE SCHOOL ROAD, SUITE 715
City-St-Zip: WAYNE, PA 19087

Title: VPD
Name: SMITH, TIMOTHY
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: VPD
Name: SVITEK, JOSEPH
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: VPSD
Name: HEINEMEYER, TRENT
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

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: DENISE PORTER VPD 01/10/2012

Electronic Signature of Signing Officer or Director — Date