


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000004395</b> 1. Entity Name <b>ASSOCIATION &amp; SOCIETY INSURANCE CORPORATION</b>		
Principal Place of Business <b>656 QUINCE ORCHARD ROAD, SUITE #620 GAITHERSBURG, MD 20878-1409</b>	Mailing Address <b>656 QUINCE ORCHARD ROAD, SUITE #620 GAITHERSBURG, MD 20878-1409</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BURKE, NANCY M 106 EAST COLLEGE AVE., 12TH FLOOR TALLAHASSEE, FL 32301</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PERLROTH, MORTON 656 QUINCE ORCHARD ROAD, SUITE #620 GAITHERSBURG, MD 208781409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SINGER, EDWARD M 656 QUINCE ORCHARD ROAD, SUITE #620 GAITHERSBURG, MD 208781409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		January 8, 2004 <small>Date</small>  (301).816.0045 x104 <small>Daytime Phone #</small>



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-1046016** Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

000000003124  
01/13/04-80042-021 158.75

**DO NOT WRITE  
IN THIS SPACE**