2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 07, 2004 08:00 AM Secretary of State DOCUMENT # F02000005369 CONSOLIDATED ORANGE COUNTY INSURANCE AGENCIES, INC Principal Place of Business Mailing Address 18551VON KARMAN AVE 18551VON KARMAN AVE STE 120 STF 120 IRVINE CA 92612 IRVINE CA 92612 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 33-0265734 Not Applicable Country Zıp Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE Change Addition IIILE Delete PRENTISS, WILLIAM C NAME MAME STREET ADDRESS 4560 E. EISENHOWER CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ANAHEIM CA 92809 Delete TITLE TITLE WALKER, ROBERT TALLEY NAME NAME 1920 EAST 17TH ST STE. 130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ANA CA 92705 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE MAME LARSON, RANDALL GLENN NAME STREET ADDRESS STREET ADDRESS 18551 VON KARMAN AVE STE. 120 CITY-ST-ZIP CITY-ST-ZIP IRVINE CA 92612 Addition ☐ Delete TITLE Change Change TITLE ROHRER, ROBERT LELAND NAME NAME 18551 VON KARMAN AVE STE, 120 STREET ADDRESS STREET ADDRESS IRVINE CA 92612 CITY-ST-ZIP GITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition THLE MCFARLAND, RUSSELL DUANE NAME NAME 18551 VON KARMAN AVE STE. 120 STREET ADDRESS STREET ADDRESS IRVINE CA 92612 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE FREEMAN, LEONARD EDWARD NAME NAME 1920 EAST 17TH ST. STE.130 STREET ADDRESS STREET ADDRESS SANTA ANA CA 92705 CITY - ST- ZIP 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)(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 empowers 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.

Randall 6 Larson 1/30/04 949/862-490