

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005438

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: BT INS, INC.

**Current Principal Place of Business:**

1600 MEMOREX DR  
SUITE 200  
SANTA CLARA, CA 95050

**New Principal Place of Business:**

**Current Mailing Address:**

1600 MEMOREX DR  
SUITE 200  
SANTA CLARA, CA 95050

**New Mailing Address:**

FEI Number: 01-0729881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MCMANN, KIMBER  
Address: 7301 N. STATE HWY 161 SUITE 400  
City-St-Zip: SOUTH IRVING, TX 75039

Title: S  
Name: NEWELL, JAMIE  
Address: 7301 NORTH STATE HIGHWAY 161, STE. 400  
City-St-Zip: SOUTH IRVING, TX 75039

Title: T  
Name: POPKO, MICHAEL  
Address: 11440 COMMERCE PARK DRIVE, STE 100  
City-St-Zip: RESTON, VA 20191

Title: VPD  
Name: BOVA, JOE  
Address: 1600 MEMOREX DR., STE. 200  
City-St-Zip: SANTA CLARA, CA 95050

Title: DCFO  
Name: KELLBERG, JULIA  
Address: 1600 MEMOREX DRIVE, STE. 200  
City-St-Zip: SANTA CLARA, CA 95050

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: JAMIE NEWELL

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04/18/2012

Electronic Signature of Signing Officer or Director

Date