

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000588

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** WORLD SAVINGS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

794 DAVIS STREET, SL2WI  
SAN LEANDRO, CA 94577

**New Principal Place of Business:**

1901 HARRISON STREET  
OAKLAND, CA 94621

**Current Mailing Address:**

C/O CSC  
2711 CENTERVILLE RD  
WILMINGTON, DE 19808

**New Mailing Address:**

1901 HARRISON STREET  
OAKLAND, CA 94621

**FEI Number:** 94-3407581

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEHMAN, KAREN  
Address: 100 N MAIN ST  
City-St-Zip: WINSTON SALEM, NC 27101

Title: DS  
Name: LAPLACA, THERESA  
Address: 301 SOUTH COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

Title: D  
Name: PAPADOPULOS, JOHN M  
Address: 301 SOUTH COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

Title: AS  
Name: SAMMONS, HOLLYE  
Address: 301 SOUTH COLLEGE ST  
City-St-Zip: CHARLOTTE, NC 28288

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:** HOLLYE SAMMONS

AS

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date