2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# F03000001022

Entity Name: HEFFERNAN INSURANCE BROKERS, INC.

Current Principal Place of Business:

1350 CARLBACK AVENUE, SUITE 200
WALNUT CREEK, CA 94596

New Principal Place of Business:

Current Mailing Address:

1350 CARLBACK AVENUE, SUITE 200
WALNUT CREEK, CA 94596

New Mailing Address:

FEI Number: 94-2506099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	HEFFERNAN, FRANCIS M III	
Address:	1350 CARLBACK AVENUE, SUITE 200	
City-St-Zip:	WALNUT CREEK, CA 94596	
Title:	VSD	( ) Delete
Name:	NEWMAN, ROBIN P	
Address:	1350 CARLBACK AVENUE, SUITE 200	
City-St-Zip:	WALNUT CREEK, CA 94596	
Title:	T	( ) Delete
Name:	SEBASTIANI, DANIELLE	
Address:	1350 CARLBACK AVENUE, SUITE 200	
City-St-Zip:	WALNUT CREEK, CA 94596	
Title:	D	( ) Delete
Name:	DANTZIG, EDWARD J	
Address:	1350 CARLBACK AVENUE, SUITE 200	
City-St-Zip:	WALNUT CREEK, CA 94596	
Title:	D	( ) Delete
Name:	WILLIAMS, DONALD	
Address:	2295 FOREST VIEW	
City-St-Zip:	HILLSBOROUGH, CA 94010	
Title:	D	( ) Delete
Name:	COOLBRITH, ALISON	
Address:	3 KENMORE ROAD	
City-St-Zip:	BLOOMFIELD, CT 06002	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SEBASTIANI, DANIELE	
Address:	1350 CARLBACK AVENUE, SUITE 200	
City-St-Zip:	WALNUT CREEK, CA 94596	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	GOODE, BARBARA A	
Address:	300 MONTGOMERY STREET, SUITE 500	
City-St-Zip:	SAN FRANCISCO, CA 94104	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: F. MICHAEL HEFFERNAN III PRES 01/09/2004

Electronic Signature of Signing Officer or Director — Date