

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000001022**

1. Entity Name  
**HEFFERNAN INSURANCE BROKERS, INC.**



Principal Place of Business  
**1350 CARLBACK AVENUE, SUITE 200  
WALNUT CREEK, CA 94596**

Mailing Address  
**1350 CARLBACK AVENUE, SUITE 200  
WALNUT CREEK, CA 94596**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-2506099**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME HEFFERNAN, FRANCIS M III  
STREET ADDRESS 1350 CARLBACK AVENUE, SUITE 200  
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE VSD  
NAME NEWMAN, ROBIN P  
STREET ADDRESS 1350 CARLBACK AVENUE, SUITE 200  
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE T  
NAME SEBASTIANI, DANIELE  
STREET ADDRESS 1350 CARLBACK AVENUE, SUITE 200  
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE D  
NAME DANTZIG, EDWARD J  
STREET ADDRESS 1350 CARLBACK AVENUE, SUITE 200  
CITY-ST-ZIP WALNUT CREEK, CA 94596

TITLE D  
NAME WILLIAMS, DONALD  
STREET ADDRESS 2295 FOREST VIEW  
CITY-ST-ZIP HILLSBOROUGH, CA 94010

TITLE D  
NAME GOODE, BARBARA A  
STREET ADDRESS 300 MONTGOMERY STREET, SUITE 500  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

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01/28/05-80069-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_