

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001022

FILED
May 01, 2006
Secretary of State

Entity Name: HEFFERNAN INSURANCE BROKERS, INC.

Current Principal Place of Business:

1350 CARLBAC AVENUE, SUITE 200
WALNUT CREEK, CA 94596

New Principal Place of Business:

Current Mailing Address:

1350 CARLBAC 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEFFERNAN, FRANCIS M III
Address: 1350 CARLBAC AVENUE, SUITE 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: VSD () Delete
Name: NEWMAN, ROBIN P
Address: 1350 CARLBAC AVENUE, SUITE 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: T () Delete
Name: SEBASTIANI, DANIELE
Address: 1350 CARLBAC AVENUE, SUITE 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: D () Delete
Name: DANTZIG, EDWARD J
Address: 1350 CARLBAC 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: GOODE, BARBARA A
Address: 300 MONTGOMERY STREET, SUITE 500
City-St-Zip: SAN FRANCISCO, CA 94104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DANIELLE SEBASTIANI

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05/01/2006

Electronic Signature of Signing Officer or Director

Date