

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1093


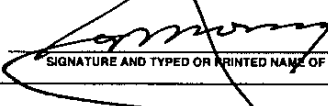
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 Chg-P CR2E034 (10/03) 05

DOCUMENT # F03000002184					
1. Entity Name COMMERCE INSURANCE SERVICES, INC.					
Principal Place of Business 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034			Mailing Address 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 21-0718159	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ 900044632219 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NORCROSS, GEORGE E III 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D and CEO George E. Norcross III 1701 Route 70 E., Cherry Hill, NJ 08034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIESSLING, EDWARD 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D and COO Edward Kiesslering 1701 Route 70 E., Cherry Hill, NJ 08034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MUSCELLA, JOHN 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISEY, JOSEPH P JR. 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec. VP/D Joseph P. Morrissey, Jr. 1701 Route 70 E., Cherry Hill, NJ 08034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, WILLIAM 17000 HORIZON WAY MT. LAUREL, NJ 08054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP William Taylor 17000 Horizon Way, Mt Laurel, NJ 08054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINKER, JOSEPH 1701 ROUTE 70 EAST CHERRY HILL, NJ 08034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP Joseph Linker 1701 Route 70 E., Cherry Hill, NJ 08034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  Joseph P. Morrissey, Jr., EVP 1/7/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2013

EXHIBIT AADDITIONAL OFFICERS AND DIRECTORS
of
COMMERCE INSURANCE SERVICES, INC.OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Joseph Buckelew	Vice Chairman	231 Main Street Toms River, NJ 08753
John J. Tarditi, Jr., FLMI, LUTCF	Vice Chairman	1701 Route 70 East Cherry Hill, NJ 08034-5400
Carole A. Mack, CIC, CPIW	Senior Vice President	231 Main Street Toms River, NJ 08753
Robert G. Hackett, Jr. CIC	Senior Vice President	1011 Centre Road Wilmington, DE 19899
Douglas J. Pauls	Treasurer & Secretary	1701 Route 70 East Cherry Hill, NJ 08034-5400

DIRECTORS

<u>Name</u>	<u>Address</u>
Douglas J. Pauls	1701 Route 70 East Cherry Hill, NJ 08034-5400
C. Edward Jordan, Jr.	1701 Route 70 East Cherry Hill, New Jersey 08034-5400
Joseph Buckelew	231 Main Street Toms River, New Jersey 08753
Peter Musumeci, Jr.	1701 Route 70 East Cherry Hill, New Jersey 08034-5400
John J. Tarditi, Jr.	1701 Route 70 East Cherry Hill, New Jersey 08034-5400



CORPORATION SERVICE COMPANY

3063

ACCOUNT NO. : 072100000032

REFERENCE : 137008 4311863

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 150.00

ORDER DATE : January 11, 2005

ORDER TIME : 10:36 AM

ORDER NO. : 137008-005

CUSTOMER NO: 4311863

CUSTOMER: Ms. Kathleen Kirchner
Blank Rome Llp
9th Floor, One Logan Square
18th And Cherry Street
Philadelphia, PA 19103-6998

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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NAME: COMMERCE INSURANCE SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____