

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003971

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** RENRE NORTH AMERICA EMPLOYEE SERVICES INC.

**Current Principal Place of Business:**

5801 TENNYSON PARKWAY  
SUITE 600  
PLANO, TX 75024

**New Principal Place of Business:**

3200 ATLANTIC AVENUE, SUITE 114  
RALEIGH, NC 27604 US

**Current Mailing Address:**

5801 TENNYSON PARKWAY  
SUITE 600  
PLANO, TX 75024

**New Mailing Address:**

3200 ATLANTIC AVENUE, SUITE 114  
RALEIGH, NC 27604 US

**FEI Number:** 41-2102187

**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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: O, KEVIN  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

Title: SEC  
Name: WEINSTEIN, STEPHEN H  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

Title: TREA  
Name: FONNER, TODD R  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

Title: SVP  
Name: JAMES, HELEN L  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

Title: DIR  
Name: WILCOX, MARK  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

Title: DIR  
Name: KELLY, JEFFREY D  
Address: 3200 ATLANTIC AVENUE, SUITE 114  
City-St-Zip: RALEIGH, NC 27604 US

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: MICHELLE DONATO

POA

04/20/2011

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

\_\_\_\_\_  
Date