

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90554 050 \*\*\*150.00

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04062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F03000005214</b> 1. Entity Name <b>GRAMERCY INSURANCE COMPANY</b>					
Principal Place of Business <b>5000 QUORUM DR., STE. 111 DALLAS, TX 75254</b>			Mailing Address <b>5000 QUORUM DR., STE. 111 DALLAS, TX 75254</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3002241</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YORK, WILLIAM K JR		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMER, GLEN H		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMER, HAYDEN S		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRIMAN, DOUGLAS G		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMER, JOAN F		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNER, ANTONIO R		NAME		
STREET ADDRESS	3110 CROSSING PARK RD		STREET ADDRESS		
CITY-ST-ZIP	NORCROSS, GA 30071		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>			Date <b>4-12-05</b> Daytime Phone # <b>770-840-3251</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					