

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000673

FILED
Jan 16, 2009
Secretary of State

Entity Name: MUTUAL INSURANCE SERVICES INC.

Current Principal Place of Business:

1108 S 322ND PL
FEDERAL WAY, WA 98003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6109
FEDERAL WAY, WA 980636109 US

New Mailing Address:

FEI Number: 91-1304804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: LEAVITT, ERIC
Address: 1108 S 322ND PL
City-St-Zip: FEDERAL WAY, WA 98003

Title: P () Delete
Name: DEVELBISS, CONNIE
Address: 1108 S 322ND PL
City-St-Zip: FEDERAL WAY, WA 98003

Title: VP () Delete
Name: ROGERS, NICOLE
Address: 1108 S 322ND PL
City-St-Zip: FEDERAL WAY, WA 98003

Title: S () Delete
Name: DYCK, CAROLYN
Address: 1108 S 322ND PL
City-St-Zip: FEDERAL WAY, WA 98003

Title: T () Delete
Name: ESPLIN, NATE
Address: 1108 S 322ND PL
City-St-Zip: FEDERAL WAY, WA 98003

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:

I hereby certify that the information supplied with this filing does not qualify 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: CAROLYN DYCK

S

01/16/2009

Electronic Signature of Signing Officer or Director

Date