


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90067 019 \*\*\*150.00

<b>DOCUMENT # F04000002812</b>					
<b>1. Entity Name</b> INSURANCE SERVICES OFFICE, INC.					
<b>Principal Place of Business</b> 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310			<b>Mailing Address</b> 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 13-3131412	
Zip		Country		Zip	
City & State		City & State		Applied For Not Applicable	
Zip		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>  AGUILA, THOMAS S 2632 SW BEAR PAW TRAIL PALM CITY, FL 34990				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
AGUILA, THOMAS S 2632 SW BEAR PAW TRAIL PALM CITY, FL 34990				FL Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CPD COYNE, FRANK J 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S GIASI, JOSEPH P JR. 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V BOEHNING, CAROLE J 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V BOEHNING, RICHARD P 545 WASHINGTON BLVD. JERSEY CITY, NJ 07310	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, KAREN 101 HUNTINGTON AVENUE BOSTON, MA 02199	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V FOGLE, LEE 250 BERRYHILL ROAD COLUMBIA, SC 29210	<input type="checkbox"/> Delete			
<b>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>		<b>Signature:</b> <i>Joseph P. Giasi</i> <b>2/16/05</b>			