2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jan 09, 2012
Secretary of State

DOCUMENT# F04000003364

Entity Name: PROFESSIONAL RISK AND ASSET MANAGEMENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

711 E. IMPERIAL HWY., #100
BREA, CA 92821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9758
BREA, CA 92822

New Mailing Address:

FEI Number: 33-0367265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

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: MICHAEL ASHLEY 01/09/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: INTRAVIA, SCOTT
Address: 2023 RIDGE ROAD, SUITE 2SW
City-St-Zip: HOMEWOOD, IL 60430

Title: CEOD
Name: WILSON, DAVID P
Address: 711 E. IMPERIAL HWY., #100
City-St-Zip: BREA, CA 92821

Title: SD
Name: COLLIER, LISA M
Address: 12193 S. PETTERSENBLUFF DR
City-St-Zip: RIVERTON, UT 84065

Title: T
Name: BRIDGES, AUDREY L
Address: 711 E. IMPERIAL HWY., #100
City-St-Zip: BREA, CA 92821

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: DAVID P WILSON CEO 01/09/2012
Electronic Signature of Signing Officer or Director Date