

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F04000004852

**FILED**  
**Jul 14, 2009**  
**Secretary of State****Entity Name:** HOME CREST INSURANCE SERVICES, INC.**Current Principal Place of Business:**17861 VON KARMAN AVE., BLDG. E  
IRVINE, CA 92614 US**New Principal Place of Business:****Current Mailing Address:**4 CHASE METROTECH  
FLOOR 03  
BROOKLYN, NY 11245 US**New Mailing Address:****FEI Number:** 95-2411823**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
C/O CT 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: P ( ) Delete  
Name: PANTALEO, LAURA  
Address: 270 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: D ( ) Delete  
Name: PANATALEO, LAURA  
Address: 270 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10017 US

Title: T ( ) Delete  
Name: BARRELL, DAVID  
Address: 500 STANTON CHRISTIANA RD.  
City-St-Zip: NEWARK, DE 19713 US

Title: D ( ) Delete  
Name: BARRELL, DAVID  
Address: 500 STANTON CHRISTIANA RD.  
City-St-Zip: NEWARK, DE 19713 US

Title: S ( ) Delete  
Name: JORDAN, MARIE  
Address: 10 SOUTH DEARBORN  
City-St-Zip: CHICAGO, IL 60603 US

Title: D ( ) Delete  
Name: BURGER, CORRINE  
Address: 1111 POLARIS PARKWAY  
City-St-Zip: COLUMBUS, OH 43240 US

**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:

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: MARIE JORDAN

S

07/14/2009

Electronic Signature of Signing Officer or Director

Date