

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004895

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** WAMU INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

17861 VON KARMAN AVE  
IRVINE, CA 92614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 CHASE METROTECH  
FLOOR 03  
BROOKLYN, NY 11245 US

**New Mailing Address:**

4 NEW YORK PLAZA  
FLOOR 19  
NEW YORK, NY 10004 US

**FEI Number:** 95-3840806

**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 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:** P  
**Name:** PANTALEO, LAURA  
**Address:** 270 PARK AVENUE  
**City-St-Zip:** NEW YORK, NY 10017 US

**Title:** D  
**Name:** PANTALEO, LAURA  
**Address:** 270 PARK AVENUE  
**City-St-Zip:** NEW YORK, NY 10017 US

**Title:** T  
**Name:** BARRELL, DAVID  
**Address:** 500 STANTON CHRISTIANA ROAD  
**City-St-Zip:** NEWARK, DE 19713 US

**Title:** D  
**Name:** BARRELL, DAVID  
**Address:** 500 STANTON CHRISTIANA ROAD  
**City-St-Zip:** NEWARK, DE 19713 US

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

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

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:** MARIE JORDAN

S

03/09/2010

Electronic Signature of Signing Officer or Director

Date