

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004923

FILED
Jan 06, 2005
Secretary of State

Entity Name: INTEGRATED INSURANCE TECHNOLOGIES CORPORATION

Current Principal Place of Business:

18310 NW 19TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

251 KEARNY STREET, 3RD FLOOR
SAN FRANCISCO, CA 94108

New Mailing Address:

350 CALIFORNIA STREET
SUITE 1400
SAN FRANCISCO, CA 94104

FEI Number: 14-1855414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCO, ASHLEY
18310 NW 19TH STREET
PEMBROKE PINES, FL 33029 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: SINGH, CHARAN
Address: 595 MARKET STREET, 10TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D () Delete
Name: PAULSON, DAVID
Address: 595 MARKET STREET, 10TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D (X) Delete
Name: TYNAN, STEVEN J
Address: 105 ROWAYTON AVENUE
City-St-Zip: ROYWAYTON, CT 06853

Title: P () Delete
Name: HARTLEY, JOHN
Address: 251 KEARNY STREET 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94108

Title: ST () Delete
Name: BUTLER, DAVID
Address: 251 KEARNY STREET, 3RD FLOOR
City-St-Zip: SAN FRANCISCO, CA 94108

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 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 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: DAVID BUTLER

ST

01/06/2005

Electronic Signature of Signing Officer or Director

Date