

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002735

FILED  
Apr 01, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2145 HAMILTON AVENUE  
SAN JOSE, CA 95125

**New Principal Place of Business:**

**Current Mailing Address:**

2145 HAMILTON AVENUE  
SAN JOSE, CA 95125

**New Mailing Address:**

**FEI Number:** 51-0513902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: PD  
Name: LUTWAK, TODD  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

Title: T  
Name: GLASBY, ANTHONY C  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

Title: D  
Name: BERGINES, MICHAEL  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

Title: S  
Name: LEVEY, BRIAN  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

Title: AS  
Name: HALL, KATHRYN  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

Title: D  
Name: THAWER, AMYN  
Address: 2145 HAMILTON AVENUE  
City-St-Zip: SAN JOSE, CA 95125

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: KATHRYN HALL

AS

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date