

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003707

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** PEOPLE'S ACCIDENT INFORMATION SERVICE, INC.

**Current Principal Place of Business:**

25-18 FRANCIS LEWIS BLVD.  
FLUSHING, NY 11358 US

**New Principal Place of Business:**

**Current Mailing Address:**

25-18 FRANCIS LEWIS BLVD.  
FLUSHING, NY 11358 US

**New Mailing Address:**

**FEI Number:** 11-3407758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, IN  
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: PRES  
Name: DOLAN, LISA  
Address: 25-18 FRANCIS LEWIS BLVD.  
City-St-Zip: FLUSHING, NY 11358

Title: VP  
Name: GARCIA, JOSEPH M  
Address: 25-18 FRANCIS LEWIS BLVD.  
City-St-Zip: FLUSHING, NY 11358

Title: SECT  
Name: SPENA-GARCIA, LISA M  
Address: 25-18 FRANCIS LEWIS BLVD.  
City-St-Zip: FLUSHING, NY 11358

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: JOSEPH GARCIA

VP

03/19/2012

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

\_\_\_\_\_  
Date