

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003222

FILED
Mar 12, 2009
Secretary of State

Entity Name: EDGEWOOD PARTNERS INSURANCE CENTER, INC.

Current Principal Place of Business:

2000 ALAMEDA DE LAS PULGAS
SAN MATEO, CA 94403

New Principal Place of Business:

Current Mailing Address:

2000 ALAMEDA DE LAS PULGAS
SAN MATEO, CA 94403

New Mailing Address:

FEI Number: 94-3195221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331 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: D () Delete
Name: RYAN, DAN
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

Title: D () Delete
Name: CAPPEL, JEFFERY B
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

Title: S () Delete
Name: CRAWFORD, DANIEL J
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

Title: CEO () Delete
Name: FRANCIS, DAN R
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 944039

Title: CP () Delete
Name: HAHN, JOHN G
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: RYAN, DAN
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

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: CFO () Change (X) Addition
Name: ANDRIAN, ELAINE D
Address: 2000 ALAMEDA DE LAS PULGAS
City-St-Zip: SAN MATEO, CA 94403

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: DANIEL J. CRAWFORD

S

03/12/2009

Electronic Signature of Signing Officer or Director

Date