2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003222

Entity Name: EDGEWOOD PARTNERS INSURANCE CENTER, INC.

Electronic Signature of Registered Agent

FILED Jan 23, 2012 Secretary of State

Date

Current Principal Place of Business:		New Principal Place of Business:	
135 MAIN STREET, 21ST SAN FRANCISCO, CA 94			
Current Mailing Address:		New Mailing Address:	
135 MAIN STREET, 21ST SAN FRANCISCO, CA 94			
FEI Number: 94-3195221	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
NRAI SERVICES INC 515 E. PARK AVENUE TALLAHASSEE, FL 3230	1 US		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

Title:

SIGNATURE:

Name: RYAN, DAN H

in the State of Florida.

Address: ONE CITY BOULEVARD WEST, #700

City-St-Zip: ORANGE, CA 92868

Title:

Name: CAPPEL, JEFFREY B
Address: 1002 MONROE AVENUE
City-St-Zip: RIVER FOREST, IL 60305

Title: S

Name: CRAWFORD, DANIEL J

Address: 901 MARINERS ISLAND BLVD, #625

City-St-Zip: SAN MATEO, CA 94404

Title: CEO

Name: FRANCIS, DAN R

Address: 135 MAIN STREET, 21ST FLOOR City-St-Zip: SAN FRANCISCO, CA 94105

Title: CF

Name: HAHN, JOHN G

Address: 135 MAIN STREET, 21ST FLOOR City-St-Zip: SAN FRANCISCO, CA 94105

Title: CFO

Name: ANDRIAN, ELAINE D

Address: 135 MAIN STREET, 21ST FLOOR City-St-Zip: SAN FRANCISCO, CA 94105

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: ELAINE D. ANDRIAN CFO 01/23/2012