## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005510

Entity Name: TRACKSURE INSURANCE AGENCY, INC.

FILED Apr 27, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2677 N MAIN STREET

SUITE 600

SANTA ANA, CA 927056629

Current Mailing Address: New Mailing Address:

2677 N MAIN STREET SUITE 600 SANTA ANA, CA 927056629

FEI Number: 33-0388029 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:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

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:
 MERGELMEYER, GENE

 Address:
 2677 N. MAIN STREET, STE 600

 City-St-Zip:
 SANTA ANA, CA 92705

Title: VD

Name: VANGEEST, BRUCE

Address: 260 INTERSTATE NORTH CIR SE City-St-Zip: ATLANTA, GA 303392210

Title: S

Name: ARAGON-CRUZ, JEANNIE A Address: 11222 QUAIL ROOST DR. City-St-Zip: MIAMI, FL 331572210

Title: CFO

Name: JUAREZ, ERIC M

Address: 2677 N MAIN STREET STE 600 City-St-Zip: SANTA ANA, CA 927056629

Title: Tv

Name: CHUNG, ANDREW
Address: 11222 QUAIL ROOST DR.
City-St-Zip: MIAMI, FL 33175

Title: \

Name: MADIGAN, DAVID P

Address: 2677 N. MAIN STREET, STE 600

City-St-Zip: SANTA ANA, CA 92705

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: JEANNIE ARAGON-CRUZ S 04/27/2012