2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006065

Entity Name: THE COUGHLIN GROUP INSURANCE AGENCY, INC.

FILED Apr 02, 2011 Secretary of State

178 MYRTLE BLVD. LARCHMONT, NY 10538

Current Mailing Address: New Mailing Address:

178 MYRTLE BOULEVARD 178 MYRTLE BLVD. LARCHMONT, NY 10538 LARCHMONT, NY 10538

FEI Number: 13-1994221 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: PS

Name: COUGHLIN, MICHAEL A Address: 178 MYRTLE BLVD. City-St-Zip: LARCHMONT, NY 10538

Title: PT

Name: COUGHLIN, THOMAS Address: 178 MYRTLE BLVD. City-St-Zip: LARCHMONT, NY 10538

Title: V

Name: FULTON, EUGENE R Address: 178 MYRTLE BLVD. City-St-Zip: LARCHMONT, NY 10538

Title: [

Name: KURZMAN, ROBERT
Address: 178 MYRTLE BLVD.
City-St-Zip: LARCHMONT, NY 10538

Title:

Name: ENEY, JANE
Address: 178 MYRTLE BLVD.
City-St-Zip: LARCHMONT, NY 10538

Title: D

Name: COUGHLIN, JOSEPH F Address: 178 MYRTLE BLVD. City-St-Zip: LARCHMONT, NY 10538

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: MICHAEL A. COUGHLIN S 04/02/2011