

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006065

FILED
Apr 24, 2012
Secretary of State

Entity Name: THE COUGHLIN GROUP INSURANCE AGENCY, INC.

Current Principal Place of Business:

178 MYRTLE BLVD.
LARCHMONT, NY 10538

New Principal Place of Business:

Current Mailing Address:

178 MYRTLE BLVD.
LARCHMONT, NY 10538

New Mailing Address:

FEI Number: 13-1994221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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: 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: VP
Name: FULTON, EUGENE R
Address: 178 MYRTLE BLVD.
City-St-Zip: LARCHMONT, NY 10538

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

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

Title: DIR
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

SEC

04/24/2012

Electronic Signature of Signing Officer or Director

Date