

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006199

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: INSURANCE FIRST OF COLUMBUS AGENCY, INC.

## Current Principal Place of Business:

555 SOUTH FRONT STREET  
SUITE 400  
COLUMBUS, OH 43215

## New Principal Place of Business:

250 EAST TOWN STREET  
COLUMBUS, OH 43215

## Current Mailing Address:

250 EAST TOWN STREET  
COLUMBUS, OH 43215

## New Mailing Address:

FEI Number: 31-1261632

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CEO ( ) Delete  
Name: HENRY, DEAN L  
Address: 555 SOUTH FRONT STREET, SUITE 400  
City-St-Zip: COLUMBUS, OH 43215

Title: P ( ) Delete  
Name: HENRY, DEAN L  
Address: 555 SOUTH FRONT STREET, SUITE 400  
City-St-Zip: COLUMBUS, OH 43215

Title: ST ( ) Delete  
Name: CANTRELL, DIRK M  
Address: 250 EAST TOWN STREET  
City-St-Zip: COLUMBUS, OH 43215

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DIRK M CANTRELL

ST

01/19/2009

Electronic Signature of Signing Officer or Director

Date