

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006556

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: INTERNATIONAL E & S INSURANCE BROKERS, INC.

## Current Principal Place of Business:

2010 MAIN STREET, SUITE 340  
IRVINE, CA 92614

## New Principal Place of Business:

2010 MAIN STREET  
SUITE 320  
IRVINE, CA 92614

## Current Mailing Address:

2010 MAIN STREET, SUITE 340  
IRVINE, CA 92614

## New Mailing Address:

2010 MAIN STREET  
SUITE 320  
IRVINE, CA 92614

FEI Number: 20-1509682

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 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CROMBIE, KEVIN  
Address: 2010 MAIN STREET, SUITE 340  
City-St-Zip: IRVINE, CA 92614

Title: V,S ( ) Delete  
Name: GRAMMIG, LAUREL L  
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400  
City-St-Zip: TAMPA, FL 33607

Title: V,AS ( ) Delete  
Name: DONEGAN, JR., THOMAS M  
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: KIRK, KENNETH D  
Address: 2800 NORTH CENTRAL AVENUE, SUITE 1600  
City-St-Zip: PHOENIX, AZ 85004

Title: T ( ) Delete  
Name: SANDERS, MICHELE  
Address: 2800 NORTH CENTRAL AVENUE, SUITE 1600  
City-St-Zip: PHOENIX, AZ 85004

Title: CEO ( ) Delete  
Name: WARDLAW, CHARLES  
Address: 2010 MAIN STREET, SUITE 340  
City-St-Zip: IRVINE, CA 92614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CROMBIE, KEVIN  
Address: 2010 MAIN STREET, SUITE 320  
City-St-Zip: IRVINE, CA 92614

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

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

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: LAUREL L. GRAMMIG

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date