## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # F07000001538**



**FILED** 

May 05, 2008 8:00 am Secretary of State

05-05-2008 90260 016 \*\*\*150.00

400010-

1. Entity Name SUR INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

		PO BOX 5077 SIOUX FALLS, SD 57117-5077							
					400H 02H 00H 01H			ARRI II IRRE	
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282008	Chg-P	CR2E034	l (12/06)		
City & State		City & State	City & State		4. FEI Number Applied For 59-1630046 Not Applicable				
Žip	Country	Zip	Country	· S Certificate of Status Desired S I ♥			8.75 Additional ee Required		
	6. Name and Address of Current F	Registered Agent		7. Name and Ad	dress of New R	egistered Ag	ent		
C T CORE	PORATION SYSTEM		Name	Name					
1200 SOU	ITH PINE ISLAND ROAD ION, FL 33324		Street A	Street Address (P.O. Box Number is Not Acceptable)					
	10N, 1 E 33324		-				,		
			City			FL	Zip Code	3	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	r registered agent, or both, in	the State of Flo	orida. I am far	niliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signa	ture required when reinstating)		DATE		<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing \$ Trust Fund Contribution.						
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CH	ANGES TO OFF	ICERS AND D	IRECTORS	3 IN 11	
TITLE	С	🔀 Delete	TITLE	D		]	Change	Addition	
NAME	WELCH, JOHN F		NAME	Welch, John F					
STREET ADDRESS	333 S WABASH AVE		STREET AUDRESS	Welch, John F 333 S. Wabash	Ave				
CITY-ST-ZIP	CHICAGO, IL 60604		CITY-ST-ZIP	Chicago, IL 6	0604				
TITLE	VC	🔀 Delete	TITLE	D		[	Change	Addition	
NAME	CORCORAN, JOHN F		NAME	Corcoran, John 333 S. Wabash	n F.				
STREET ADDRESS	333 S WABASH AVE		STREET ADDRESS	Chicago, IL 6	0604				
CITY-ST-ZIP	CHICAGO, IL 60604		CITY-ST-ZIP	J					
TITLE	DV	☐ Delete	TITLE			[	Change	☐ Addition	
NAME	DOUGHERTY, MICHAEL A		NAME						
STREET ADDRESS	333 S WABASH AVE		STREET ADDRESS	•					
CITY-ST-ZIP	CHICAGO, IL 60604	prioring	CITY-ST-ZIP						
TITLE	PCEO	Delete	TITLE			Į.	Change	Addition	
NAME CIDEET ADDRESS	BRUFLAT, PAUL T		NAME STREET ANDRESS						
STREET ADDRESS CITY-ST-ZIP	101 S PHILLIPS AVE SIOUX FALLS, SD 571046703		STREET ADDRESS CITY-ST-ZIP						
	· ·		+						
TITLE NAME	ST COOPER, MELISSA D	☐ Delete	TITLE NAME			l	Change	☐ Addition	
STREET ADDRESS	•		STREET ADDRESS						
A LUCC L MDD UCOO	I IOI O FRIEDICO AVE		3 INEE I MUUNEGO	1					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 emoswered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

SIGNATURE: \_

CITY-ST-ZIP

STREET ADDRESS

TITLE

SIOUX FALLS, SD 571046703

President / CEO SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/29/08 Date

(605)336-0850

☐ Change

☐ Addition