2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F07000001863

Entity Name: BUILDERS & TRADESMEN'S INSURANCE SERVICES, INC.

Current Principal Place of Business:

6610 SIERRA COLLEGE BLVD
ROCKLIN, CA 95677

New Principal Place of Business:

Current Mailing Address:

6610 SIERRA COLLEGE BLVD
ROCKLIN, CA 95677

New Mailing Address:

FEI Number: 26-0131681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LN
STE 200
TARPON SPRINGS, FL 34688 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:	HOHLBEIN, NORBERT R MR.	
Address:	1688 STONE CANYON WAY	
City-St-Zip:	ROSEVILLE, CA 95661	
Title:	SVP	( ) Delete
Name:	ERICKSON, JEFFREY B MR.	
Address:	9818 ELMHURST DR	
City-St-Zip:	GRANITE BAY, CA 95746	
Title:	SVP	( ) Delete
Name:	HOHLBEIN, PAUL E MR.	
Address:	4534 WAWONA CR	
City-St-Zip:	FAIR OAKS, CA 95628	
Title:	SVP	( ) Delete
Name:	ERICKSON, LISA A MRS.	
Address:	9818 ELMHURST DR	
City-St-Zip:	GRANITE BAY, CA 95746	
Title:	VP	( ) Delete
Name:	HOHLBEIN, JEFFREY M MR.	
Address:	6610 SIERRA COLLEGE BLVD	
City-St-Zip:	ROCKLIN, CA 95677	
Title:	S	( ) Delete
Name:	HOHLBEIN, MAUREEN M MRS.	
Address:	1688 STONE CANYON WAY	
City-St-Zip:	ROSEVILLE, CA 95661	

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:	
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: JEFFREY HOHLBEIN VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date