

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001949

FILED  
Jul 08, 2008  
Secretary of State

Entity Name: HUB INTERNATIONAL TRANSPORTATION INSURANCE SERVICES INC.

## Current Principal Place of Business:

3115 E LION LN  
STE 250  
SALT LAKE CITY, FL 84121

## New Principal Place of Business:

## Current Mailing Address:

3115 E LION LN  
STE 250  
SALT LAKE CITY, FL 84121

## New Mailing Address:

FEI Number: 87-0308156      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO      ( ) Delete  
Name: KAUFMAN, DALE E  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

Title: P      ( ) Delete  
Name: LIGHT, SCOTT  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

Title: VPAS      ( ) Delete  
Name: JAMES, W. KIRK  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

Title: D      ( ) Delete  
Name: JAMES, W. KIRK  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

Title: VPSD      ( ) Delete  
Name: PAINE, MARIANNE D  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

Title: VPT      (X) Delete  
Name: SCAVETTA, PETER L  
Address: 3115 E LION LN - STE 250  
City-St-Zip: SALT LAKE CITY, FL 84121

## 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: D      (X) Change ( ) Addition  
Name: JAMES, W. KIRK  
Address: 55 EAST JACKSON BOULEVARD  
City-St-Zip: CHICAGO, IL 60604

Title: VPSD      (X) Change ( ) Addition  
Name: PAINE, MARIANNE D  
Address: 55 EAST JACKSON BOULEVARD  
City-St-Zip: CHICAGO, IL 60604

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: MARIANNE D. PAINE

VPSD

07/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date