

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001979

FILED
Jan 24, 2011
Secretary of State

Entity Name: INTERWEST INSURANCE SERVICES, INC.

Current Principal Place of Business:

3636 AMERICAN RIVER DR., 2ND FL.
SACRAMENTO, CA 95864 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 255188
SACRAMENTO, CA 958655188 US

New Mailing Address:

FEI Number: 68-0266090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: CP
Name: SCHULER, KEITH T CEO
Address: 1357 E. LASSEN AVE., #100
City-St-Zip: CHICO, CA 95973 US

Title: D
Name: O'KEEFE, WILLIAM T VP
Address: 3636 AMERICAN RIVER DR, SECOND FLOOR
City-St-Zip: SACRAMENTO, CA 95864 US

Title: D
Name: AZEVEDO, STEVEN S VP
Address: 368 E YOSEMITE AVE, SUITE 100
City-St-Zip: MERCED, CA 95340 US

Title: S
Name: PRATT, RICHARD W VPD
Address: 3636 AMERICAN RIVER DR, 2ND FLOOR
City-St-Zip: SACRAMENTO, CA 95864 US

Title: T
Name: POLLARD, DONALD CFOD
Address: 1357 E LASSEN AVE., #100
City-St-Zip: CHICO, CA 95927 US

Title: D
Name: DIAS, DAVID J VP
Address: 368 E. YOSEMITE AVE., #100
City-St-Zip: MERCED, CA 95340 US

I hereby 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 all other like empowered.

SIGNATURE: KEITH T SCHULER

CP

01/24/2011

Electronic Signature of Signing Officer or Director

_____ Date