

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003585

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** UNITED VALLEY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3245 W. FIGARDEN DR.  
FRESNO, CA 93711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 28040  
FRESNO, CA 93729

**New Mailing Address:**

**FEI Number:** 94-2909761

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STEVENS, KEN  
Address: 3245 W. FIGARDEN DR.  
City-St-Zip: FRESNO, CA 93711

Title: D  
Name: EVANS, MARK  
Address: 3245 W. FIGARDEN DR.  
City-St-Zip: FRESNO, CA 93711

Title: P  
Name: MCCREARY, MIKE  
Address: 3245 W. FIGARDEN DR.  
City-St-Zip: FRESNO, CA 93711

Title: VP  
Name: STANLEY, NEAL  
Address: 3245 W. FIGARDEN DR.  
City-St-Zip: FRESNO, CA 93711

Title: ST  
Name: COOPER, KEN  
Address: 3245 W. FIGARDEN DR.  
City-St-Zip: FRESNO, CA 93711

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: KEN COOPER

ST

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date