

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003791

FILED
Apr 29, 2009
Secretary of State

Entity Name: VISTA WHOLESALE INSURANCE PARTNERS, INC.

Current Principal Place of Business:

4201 MEDICAL DR., SUITE 400
SAN ANTONIO, TX 78229

New Principal Place of Business:

Current Mailing Address:

555 PLEASANTVILLE ROAD
BRIARCLIFF MANOR, NY 10510

New Mailing Address:

FEI Number: 75-2767538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: SWEENEY, TIM
Address: 4201 MEDICAL DR., SUITE 400
City-St-Zip: SAN ANTONIO, TX 78229

Title: D () Delete
Name: SORRENTINO, JOHN
Address: 555 PLEASANTVILLE ROAD
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: S () Delete
Name: CURLEY, MARY
Address: 555 PLEASANTVILLE ROAD
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: T () Delete
Name: VOLTAGGIO, MICHAEL
Address: 555 PLEASANTVILLE ROAD
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: CEO () Delete
Name: KREITZBERG, DOUGLAS
Address: 1 INTERNATIONAL PLAZA
City-St-Zip: PHILADELPHIA, PA 19113

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:

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: MARY CURLEY

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04/29/2009

Electronic Signature of Signing Officer or Director

Date