

**2008 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 27, 2008  
Secretary of State**

DOCUMENT# F07000003832

Entity Name: FRANEY MUHA ALLIANT INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

9901 BUSINESS PARKWAY SUITE B  
LANHAM, MD 20706

**New Principal Place of Business:**

**Current Mailing Address:**

9901 BUSINESS PARKWAY SUITE B  
LANHAM, MD 20706

**New Mailing Address:**

FEI Number: 41-2102663      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., STE 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: NRAI SERVICES, INC.

\_\_\_\_\_  
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: C      ( ) Delete  
Name: CORBETT, THOMAS W  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: V      ( ) Delete  
Name: HALL, JEROLD D  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: D      ( ) Delete  
Name: ZIMMER, P GREGORY JR  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: ST      ( ) Delete  
Name: FILLEY, TED C  
Address: 1620 FIFTH AVE  
City-St-Zip: SAN DIEGO, CA 92101

Title: P      ( ) Delete  
Name: FRANEY, WILLIAM G  
Address: 9901 BUSINESS PARKWAY SUITE B  
City-St-Zip: LANHAM, MD 20706

Title: V      ( ) Delete  
Name: MUHA, JOHN R  
Address: 9901 BUSINESS PARKWAY SUITE B  
City-St-Zip: LANHAM, MD 20706

**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: WILLIAM G. FRANEY

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

PRES

10/27/2008

\_\_\_\_\_  
Date