

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006346

FILED
Jan 03, 2012
Secretary of State

Entity Name: VETINSURANCE MANAGERS, INC.

Current Principal Place of Business:

1148 NW LEARY WAY
SEATTLE, WA 98107

New Principal Place of Business:

5245 SHILSHOLE AVE NW
SEATTLE, WA 98107

Current Mailing Address:

1148 NW LEARY WAY
SEATTLE, WA 98107

New Mailing Address:

5245 SHILSHOLE AVE NW
SEATTLE, WA 98107

FEI Number: 38-3756263

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

OFFICERS AND DIRECTORS:

Title: C
Name: RAWLINGS, DARRYL
Address: 5245 SHILSHOLE AVE NW
City-St-Zip: SEATTLE, WA 98107

Title: T
Name: JOHNSON, BARRY
Address: 5245 SHILSHOLE AVE NW
City-St-Zip: SEATTLE, WA 98107

Title: S
Name: CHAMES, LOUIS
Address: 5245 SHILSHOLE AVE NW
City-St-Zip: SEATTLE, WA 98107

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: LOUIS CHAMES

S

01/03/2012

Electronic Signature of Signing Officer or Director

_____ Date