

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002005

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: PELATIS INSURANCE AGENCY CORP.

## Current Principal Place of Business:

3815 S WEST TEMPLE  
SALT LAKE CITY, UT 841154412

## New Principal Place of Business:

3815 S WEST TEMPLE  
ATTN: CORPORATE LEGAL  
SALT LAKE CITY, UT 841154412

## Current Mailing Address:

3815 S WEST TEMPLE  
SALT LAKE CITY, UT 841154412

## New Mailing Address:

3815 S WEST TEMPLE  
ATTN: CORPORATE LEGAL  
SALT LAKE CITY, UT 841154412

FEI Number: 87-0662381

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: O'BRIEN, TIMOTHY J  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

Title: VC ( ) Delete  
Name: MARSHALL, BRYAN M  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

Title: P ( ) Delete  
Name: YOUNG, JEFFREY W  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

Title: CP ( ) Delete  
Name: WISEMAN, JOLENE  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

Title: S ( ) Delete  
Name: MILLER, JASON H  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

Title: T ( ) Delete  
Name: MARSHALL, BRYAN M  
Address: 3815 S WEST TEMPLE  
City-St-Zip: SALT LAKE CITY, UT 841154412

## 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: JASON H MILLER

S

01/08/2009

Electronic Signature of Signing Officer or Director

Date