2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# F08000002752

Entity Name: BELTLINE ROAD INSURANCE AGENCY, INC.

Current Principal Place of Business:

1525 S. BELT LINE ROAD
COPPELL, TX 75019 US

New Principal Place of Business:

Current Mailing Address:

1525 S. BELT LINE ROAD
COPPELL, TX 75019 US

New Mailing Address:

FEI Number: 33-1215956 **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: D
Name: APPLEGATE, DAVID M
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

Title: DEVP
Name: LOVE, ROBERT L JR
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

Title: EVPD
Name: ZEIDMAN, MARK S
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

Title: EVPT
Name: COLEMAN, ELLEN
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

Title: P
Name: MASSEY, STEVEN M
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

Title: AS
Name: DAY, KIMBERLY
Address: 1525 S. BELT LINE ROAD
City-St-Zip: COPPELL, TX 75019 US

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: LAURA LOUIS POA 04/26/2012

Electronic Signature of Signing Officer or Director Date