## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003850

FILED Apr 20, 2009 Secretary of State

Entity Name: AUGEO AFFINITY INSURANCE SERVICES, INC.

**New Principal Place of Business: Current Principal Place of Business:** 2226 W. NORTHERN AVE., SUITE C201 PHOENIX, AZ 85021 **Current Mailing Address: New Mailing Address:** 2226 W. NORTHERN AVE., SUITE C201 PHOENIX, AZ 85021 FEI Number: 26-2831548 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HATCH, JOHN D ESQ. 1267 BÉRKSHIRE LANE, SUITE 200 TARPON SPRINGS, FL 34688 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Address:

Title: () Delete Title: DIRC (X) Change ( ) Addition KRISTAL, DAVID A Name: Name: KRISTAL, DAVID A 1953 SUMMIT AVE. 1953 SUMMIT AVE. Address: Address: City-St-Zip: ST. PAUL, MN 55105 City-St-Zip: ST. PAUL, MN 55105 **EVS** Title: Title: () Delete DIR (X) Change ( ) Addition Name: MILLER, TIM R Name: SABATER, JUAN 4601 E. LARIAT LANE 40 E 80TH ST APT 20A Address: Address: PHOENIX, AZ 85050 NEW YORK, NY 10075 City-St-Zip: City-St-Zip:

Title: Title: **PCFO** ( ) Delete () Change () Addition CHIBBARO, MARK C Name: Name:

8 PARK LAKE DR Address: N. BRUNSWICK, NJ 08902 City-St-Zip: City-St-Zip:

Title: COOT ( ) Delete Title: (X) Change ( ) Addition

GAHAGAN, DOUGLAS E KNOOP, MICHAEL Name: Name: Address: 95 WORTH ST., APT. #8E Address: 29233 N 48TH ST City-St-Zip: NEW YORK, NY 10013 City-St-Zip: CAVE CREEK, AZ 85331

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: DAVID A. KRISTAL DIRC 04/20/2009