

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2011
Secretary of State

Entity Name: COLLECTOR'S INSURANCE AGENCY, INCORPORATED

Current Principal Place of Business:

4040 W. 70TH STREET
EDINA, MN 55435

New Principal Place of Business:

4040 WEST 70TH STREET
EDINA, MN 55435

Current Mailing Address:

4040 W. 70TH STREET
EDINA, MN 55435

New Mailing Address:

4040 WEST 70TH STREET
EDINA, MN 55435

FEI Number: 41-1749855

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: CEO
Name: SMITH, TED
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

Title: VP
Name: ST. MARTIN, JANIS J
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

Title: TD
Name: MOCK, ERIC D
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

Title: SD
Name: DIGIOVANNI, NICK J JR.
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

Title: DIR
Name: GONSALVES, JAY
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

Title: DIR
Name: SHER, MARTIN
Address: 4040 WEST 70TH STREET
City-St-Zip: EDINA, MN 55435

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: ANNE MEYER

POA

04/06/2011

Electronic Signature of Signing Officer or Director

Date