2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001640

Entity Name: APEX INSURANCE AGENCY, INC.

FILED Apr 25, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

301 CONCOURSE BLVD, SUITE 100 201 CONCOURSE BLVD, SUITE 260

GLEN ALLEN, VA 23060 GLEN ALLEN, VA 23060

Current Mailing Address: New Mailing Address:

301 CONCOURSE BLVD, SUITE 100 201 CONCOURSE BLVD, SUITE 260

GLEN ALLEN, VA 23060 GLEN ALLEN, VA 23060

FEI Number: 59-1361106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: DO

Name: STRIANESE, ANTHONY T

Address: 303 CORPORATE CENTER DR, SUITE 300

City-St-Zip: STOCKBRIDGE, GA 30281

Title: F

Name: SNEARER, KARL F

Address: 201 CONCOURSE BLVD, SUITE 260

City-St-Zip: GLEN ALLEN, VA 23060

Title: VS

Name: GRAMMIG, LAUREL L

Address: 3101 W DR MLK JR BLVD, SUITE 400

City-St-Zip: TAMPA, FL 33607

Title: T

Name: FAILLA, JOSEPH S JR.
Address: 220 S RIDGEWOOD AVE.
City-St-Zip: DAYTONA BCH, FL 32114

Title: \

Name: WALKER, CORY T
Address: 220 S RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

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: LAUREL L GRAMMIG VS 04/25/2012