

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002087

**FILED**  
**Jun 14, 2011**  
**Secretary of State**

**Entity Name:** SUPER AUTO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1000 HURRICANE SHOALS RD  
BUILDING C SUITE 130  
LAWRENCEVILLE, GA 30043

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 492590  
LAWRENCEVILLE, GA 30049

**New Mailing Address:**

40 SKOKIE BLVD. #630  
ATT'N BROZOSKY & BROSK  
NORTHBROOK, IL 60062

**FEI Number:** 90-0182033

**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 323012525 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:** CP  
**Name:** WOLFBERG, JOSEPH  
**Address:** 1210 WHITEBRIDGE  
**City-St-Zip:** WINNETKA, IL 60093

**Title:** S  
**Name:** FRANCO, LYNNE  
**Address:** 1000 HURRICANE SHOALS RD  
**City-St-Zip:** LAWRENCEVILLE, GA 30043

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:** MARTIN M BROZOSKY

ATTY

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date