

2012 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 03, 2012
Secretary of State

Entity Name: HOUSING INSURANCE SERVICES, INC.

Current Principal Place of Business:

189 COMMERCE COURT
CHESHIRE, CT 06410

New Principal Place of Business:

189 COMMERCE COURT
CHESHIRE, CT 06410 US

Current Mailing Address:

189 COMMERCE COURT
CHESHIRE, CT 06410

New Mailing Address:

189 COMMERCE COURT
CHESHIRE, CT 06410 US

FEI Number: 06-1314815

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: PDIR
Name: LABRIE, DAN
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 US

Title: VP
Name: MALASPINA, EDMUND
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 US

Title: SEC
Name: WHITLOCK, LESLIE
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 US

Title: TREA
Name: WILSON, MARK
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 US

Title: DIR
Name: DIPAOLO, JAMES
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 US

Title: DIR
Name: RENO, LEE
Address: 189 COMMERCE COURT
City-St-Zip: CHESHIRE, CT 06410 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: KELLY LETTMANN

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date