

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003959

FILED  
Apr 30, 2010  
Secretary of State

Entity Name: TELSI INSURANCE AGENCY, INC.

## Current Principal Place of Business:

1610 E SAINT ANDREW PLACE STE B-1507  
SANTA ANA, CA 92705

## New Principal Place of Business:

1610 E SAINT ANDREW PLACE STE B-150T  
SANTA ANA, CA 92705

## Current Mailing Address:

1610 E SAINT ANDREW PLACE STE B-1507  
SANTA ANA, CA 92705

## New Mailing Address:

1610 E SAINT ANDREW PLACE STE B-150T  
SANTA ANA, CA 92705

FEI Number: 27-0946976

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: DIUBALDO, STEVEN D  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

Title: CFO  
Name: NICOLAS, RONALD J JR  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

Title: DVS  
Name: MOSTAFAVIPOUR, ARASH  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

Title: V  
Name: GRASSBAUGH, PHILIP  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

Title: DV  
Name: POTTER, JAMES W  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

Title: O  
Name: GARDAY, LOUIS J SR  
Address: 1610 E SAINT ANDREW PLACE STE B-150T  
City-St-Zip: SANTA ANA, CA 92705

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: ARASH MOSTAFAVIPOUR

DVS

04/30/2010

Electronic Signature of Signing Officer or Director

Date