

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001539

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** SCHAUERMANN INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

2328 PACIFIC AVE.  
FOREST GROVE, OR 97116

**New Principal Place of Business:**

1909 CEDAR STREET  
FOREST GROVE, OR 97116

**Current Mailing Address:**

P.O. BOX 327  
FOREST GROVE, OR 97116

**New Mailing Address:**

**FEI Number:** 93-0581771      **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: P  
Name: WILBUR, BRIAN  
Address: 1648 ASH ST.  
City-St-Zip: FOREST GROVE, OR 97116

Title: S  
Name: WILBUR, ELIZABETH  
Address: 1648 ASH ST.  
City-St-Zip: FOREST GROVE, OR 97116

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: BRIAN WILBUR

PRES

03/19/2012

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

\_\_\_\_\_  
Date