

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001720

FILED
Feb 20, 2012
Secretary of State

Entity Name: LEONARD INSURANCE SERVICES AGENCY INC.

Current Principal Place of Business:

4244 MT. PLEASANT ST. NW
N. CANTON, OH 44720

New Principal Place of Business:

Current Mailing Address:

4244 MT. PLEASANT ST. NW
N. CANTON, OH 44720

New Mailing Address:

FEI Number: 34-1409440

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: C
Name: MARTINDALE, RICHARD K
Address: 5440 BRIDGECREEK AVE. NW
City-St-Zip: CANTON, OH 44718

Title: VP
Name: STATEN, GERALD L
Address: 11325 OASIS AVE., NE
City-St-Zip: UNIONTOWN, OH 44685

Title: SEC
Name: WITHAM, W. TODD
Address: 11310 INDIAN HILL DR.
City-St-Zip: BOLIVAR, OH 44612

Title: PD
Name: KLOOTS, WALTER F JR.
Address: 1712 SINCLAIR, NW
City-St-Zip: CANTON, OH 44708

Title: T
Name: MCLENDON, MARLENE E
Address: 4477 RIVER RIDGE CIRCLE, NW
City-St-Zip: MASSILLON, OH 44647

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: WALTER F. KLOOTS, JR.

PRES

02/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date