2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2012
Secretary of State

DOCUMENT# F11000001807

Entity Name: INFANTINE INSURANCE AGENCY, INC

Current Principal Place of Business:

74 GILMAN ROAD
BANGOR, ME 04401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1388
BANGOR, ME 044021388

New Mailing Address:

FEI Number: 27-4212450 **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: DCT
Name: CROSS, ROYCE M
Address: 74 GILMAN ROAD
City-St-Zip: BANGOR, ME 04401

Title: VCD
Name: CROSS, WOODROW W
Address: 74 GILMAN ROAD
City-St-Zip: BANGOR, ME 04401

Title: P
Name: SULLIVAN, PAUL
Address: 203 MEETINGHOUSE ROAD
City-St-Zip: BEDFORD, NH 03110

Title: VP
Name: HARRISON, JAMES
Address: 203 MEETINGHOUSE ROAD
City-St-Zip: BEDFORD, NJ 03110

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: ROYCE M CROSS DCT 01/26/2012

Electronic Signature of Signing Officer or Director Date