2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2012
Secretary of State

DOCUMENT# F11000002760

Entity Name: COADVANTAGE INSURANCE SOLUTIONS CORPORATION

Current Principal Place of Business:

111 WEST JEFFERSON STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

111 WEST JEFFERSON STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 27-3524259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWREY, MARK
111 WEST JEFFERSON STREET
ORLANDO, FL 32801 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: PCEO
Name: MASEDA, MIGUEL A
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: MAGEE, WILLIAM
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: T
Name: RAGGI, AMY
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: S/D
Name: UDELHOFEN, JOHN E
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: CFO
Name: MARK, LOWREY
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: VP/D
Name: BALL, DAVID
Address: 111 WEST JEFFERSON STREET
City-St-Zip: ORLANDO, FL 32801

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: MARK LOWREY CFO 03/09/2012

Electronic Signature of Signing Officer or Director Date