

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003752

FILED
Apr 29, 2012
Secretary of State

Entity Name: STONERIVER INSUREWORX, INC.

Current Principal Place of Business:

475 14TH STREET STE 850
OAKLAND, CA 94612

New Principal Place of Business:

Current Mailing Address:

475 14TH STREET STE 850
OAKLAND, CA 94612

New Mailing Address:

FEI Number: 20-2298277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES
Name: SHERNE, GARY
Address: 475 14TH STREET STE 850
City-St-Zip: OAKLAND, CA 94612

Title: A TR
Name: JOHN, COSTA
Address: 475 14TH STREET STE 850
City-St-Zip: OAKLAND, CA 94612

Title: TREA
Name: DECLARK, DAVID
Address: 250 N SUNNY SLOPE ROAD STE 110
City-St-Zip: BROOKFIELD, WI 53005

Title: SEC
Name: JENSEN, JULIA A
Address: 250 N SUNNY SLOPE ROAD STE 110
City-St-Zip: BROOKFIELD, WI 53005

Title: CONT
Name: BLOMMEL, KRISTINE
Address: 250 N SUNNY SLOPE ROAD STE 110
City-St-Zip: BROOKFIELD, WI 53005

Title: DIR
Name: DOWD, KENNETH L JR
Address: 250 N SUNNY SLOPE ROAD STE 110
City-St-Zip: BROOKFIELD, WI 53005

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: JULIA A. JENSEN

SEC

04/29/2012

Electronic Signature of Signing Officer or Director

Date