

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003531 (1)

1. Corporation Name

GNA INSURANCE SERVICES, INC.

400001482034  
-05/10/95 -01012 -001  
\*\*\*2000.00 \*\*\*200.00

Principal Place of Business

601 UNION ST  
STE 5600  
SEATTLE WA 98101-2336  
US

Mailing Address

P.O. BOX 490  
SEATTLE WA 98111-0490

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified  
08/02/1993

3a. Date of Last Report  
05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 GE CAPITAL CORPORATION

Suite, P.O. Box, etc. BOX 9552

27 FT. MYERS, FL 33906-9552

28 City & State

29

Zip

Country

30

4. FEI Number

51-0348373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0802 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer (check one)

(check one) Registered Agent (signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

CDP

WELCH, PATRICK E

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

DT

STIFF, GEOFFREY S

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

V

MILLER, A. JOHN III

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

S

GILYEART, JUDITH

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

VAS

WILES, EDWARD J JR

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

V

MOSES, VICTOR C

601 UNION STREET, SUITE 5600

SEATTLE WA 98101-2336

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as I made under oath. That I am an officer or director of the corporation or the treasurer or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

*[Signature]*

ASSISTANT TREASURER  
STATE TAXES

4/27/95

*[Signature]*

0482224 FP