

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # F93000005007 (0)

1. Corporation Name

GNA INSURANCE SERVICES OF GEORGIA, INC.

Principal Place of Business

SUITE 5800
601 UNION STREET
SEATTLE WA 98101

Mailing Address

PO BOX 490
ATTN: LEGAL
SEATTLE WA 98111-0490
US

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

04/24/1996

4. FEI Number

58-2064599

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDCE
NAME WELCH, PATRICK E
STREET ADDRESS 601 UNION STREET, SUITE 5800
CITY-ST-ZIP SEATTLE WA 98101

☒ DELETE

TITLE T
NAME HUGUNIN, JEFFREY I.
STREET ADDRESS 601 UNION STREET, SUITE 5800
CITY-ST-ZIP SEATTLE WA 98101-2336

☐ DELETE

TITLE VPCS
NAME ATTN., JOHN W.
STREET ADDRESS 601 UNION STREET, SUITE 5800
CITY-ST-ZIP SEATTLE WA 98101-2336

☐ DELETE

TITLE DVC
NAME STIFF, GEOFFREY S
STREET ADDRESS 601 UNION STREET, SUITE 5800
CITY-ST-ZIP SEATTLE WA

☐ DELETE

TITLE A/S
NAME HARRINGTON, KARRI J.
STREET ADDRESS 601 UNION ST, STE 5800
CITY-ST-ZIP SEATTLE WA 98101-2336

☐ DELETE

TITLE VP
NAME MOSES, VICTOR C
STREET ADDRESS 601 UNION ST, STE 5800
CITY-ST-ZIP SEATTLE WA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

4-22-97 06/05/95

CR2E034 (9/96)