

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90037 010 ***150.00

DOCUMENT # F94000003259

1. Entity Name

CRUMP INSURANCE SERVICES OF ATLANTA, INC.

104000



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9040 ROSWELL RD STE 350 ATLANTA GA 30350 US	7557 RAMBLER ROAD STE 350 DALLAS TX 75231-4142 US

2. Principal Place of Business	3. Mailing Address <i>C/O SEABURY + SMITH</i>
Suite, Apt. #, etc.	<i>1166 AVE OF THE AMERICAS</i>
	Suite, Apt. #, etc. <i>31ST FL</i>

City & State	City & State	4. FEI Number	Applied For
	<i>NEW YORK, NY</i>	<i>58-1158158</i>	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
	<i>10036</i>		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301	Name <i>CT CORPORATION SYSTEM</i> Street Address (P.O. Box Number is Not Acceptable) <i>1200 SOUTH PINE ISLAND RD</i> City <i>PLANTATION</i> FL Zip Code <i>33324</i>

8. 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 _____
Signed _____ (NOTE: Registered Agent signature required when reinstating) DATE _____This corporation is not eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<i>C</i> <input checked="" type="checkbox"/> Delete	TITLE	<i>CD</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, ORVILLE D	NAME	JOEL BERRIAN
STREET ADDRESS	7557 RAMBLER RD	STREET ADDRESS	7557 RAMBLER RD
CITY-ST-ZIP	DALLAS TX 75231	CITY-ST-ZIP	DALLAS, TX 75231
TITLE	<i>VD</i> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, MARCUS	NAME	
STREET ADDRESS	7557 RAMBLER RD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS-TX-75231	CITY-ST-ZIP	
TITLE	<i>TD</i> <input checked="" type="checkbox"/> Delete	TITLE	<i>T</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK R	NAME	JEFF SCHLINGBAUM
STREET ADDRESS	7557 RAMBLER RD	STREET ADDRESS	1166 AVE OF THE AMERICAS
CITY-ST-ZIP	DALLAS TX 75231	CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	<i>VCP</i> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, MICHAEL R	NAME	
STREET ADDRESS	9040 ROSWELL RD, STE. 350	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30350	CITY-ST-ZIP	
TITLE	<i>S</i> <input checked="" type="checkbox"/> Delete	TITLE	<i>S</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNING, KAY	NAME	MARGARET O'BRIEN
STREET ADDRESS	7557 RAMBLER RD	STREET ADDRESS	1166 AVE OF THE AMERICAS
CITY-ST-ZIP	DALLAS TX 75231	CITY-ST-ZIP	NEW YORK, NY 10036
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeff Schlingbaum* **JEFF SCHLINGBAUM / TREASURER** 4/29/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #