

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90661 033 ***150.00

061807 AT

DOCUMENT # F94000003259

1. Entity Name
CRUMP INSURANCE SERVICES OF ATLANTA, INC.

Principal Place of Business

Mailing Address

**9040 ROSWELL RD
 STE 350
 ATLANTA GA 30350
 US**

**7557 RAMBLER ROAD
 STE 350
 DALLAS TX 75231
 US**

2. Principal Place of Business
400 Northridge

3. Mailing Address

Suite, Apt. #, etc.
Suite 350

Suite, Apt. #, etc.

City & State
Atlanta, GA

City & State

Zip
30350

Country
USA

Zip

Country

4. FEI Number

58-1158158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)** ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

**10. 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	V <input type="checkbox"/> Delete
NAME	MATTISON, THOMAS
STREET ADDRESS	9040 ROSWELL RD., STE 350
CITY-ST-ZIP	ATLANTA GA 30350
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PAYNE, MARCUS
STREET ADDRESS	1166 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	TD <input type="checkbox"/> Delete
NAME	O'BRIEN, PATRICK R
STREET ADDRESS	7557 RAMBLER RD
CITY-ST-ZIP	DALLAS TX 75231
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, MICHAEL R
STREET ADDRESS	9040 ROSWELL RD, STE. 350
CITY-ST-ZIP	ATLANTA GA 30350
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MARGARET
STREET ADDRESS	1166 AVE. OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY 10036
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTISON, THOMAS
STREET ADDRESS	400 NORTHRIDGE RD., SUITE 350
CITY-ST-ZIP	ATLANTA, GA 30350
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. BORIK
STREET ADDRESS	114 W. 47th ST., 24th FLOOR
CITY-ST-ZIP	NEW-YORK; NEW YORK-10036
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF SCHLINGBAUM
STREET ADDRESS	1166 AVENUE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NEW YORK 10036
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICK
STREET ADDRESS	7557 RAMBLER RD.
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNER, STEPHEN
STREET ADDRESS	7557 RAMBLER RD.
CITY-ST-ZIP	DALLAS, TX 75231
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTORELLI, VINCENT
STREET ADDRESS	TWO WISCONSIN CIRCLE
CITY-ST-ZIP	CHEVY CHASE, MD 20815

13. 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.

Michael J. Borik - Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/03/02 (973)401-5381

CR2E034 (9/01)

ATTACH# F94 00 00 C 3259
626717

ADDITION

D
ZAFFINO, SAL
114 W. 47th STREET, 24th FLOOR
NEW YORK, NEW YORK 10036