

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 001 ***550.00

DOCUMENT # F94000003259



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

Principal Place of Business

**400 NORTHRIDGE
SUITE 350
ATLANTA, GA 30350 US**

Mailing Address

~~7557 RAMBLER ROAD
STE 350
DALLAS, TX 75231 US~~

44050000



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

121 RIVER STREET

Suite, Apt. #, etc.

TAX DEPT - 5th FL.

City & State

HOBOKEN, NJ

Zip

07030

Country

US

07072004

Chg-P

CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MATTISON, THOMAS	
STREET ADDRESS	400 NORTHRIDGE RAD, SUITE 350	
CITY-ST-ZIP	ATLANTA, GA 30350	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BORIK, MICHAEL J	
STREET ADDRESS	114 W 47TH STREET, 24TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, PATRICK R	
STREET ADDRESS	7557 RAMBLER RD	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLINGBAUM, JEFF	
STREET ADDRESS	2 WISCONSIN CIR.	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CONNER, STEPHEN	
STREET ADDRESS	7557 RAMBLER ROAD	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANTORELLI, VINCENT	
STREET ADDRESS	TWO WISCONSIN CIRCLE	
CITY-ST-ZIP	CHEVY CHASE, MD 20815	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD WAMBSSGANS	
STREET ADDRESS	17237 ST. GERTRUDE DRIVE	
CITY-ST-ZIP	COVINGTON, LA 70435	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LU ELLA TERRY	
STREET ADDRESS	7557 RAMBLER ROAD, STE. 300	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER SZAJNGARTEN	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD NESBITT	
STREET ADDRESS	7557 RAMBLER ROAD, STE 300	
CITY-ST-ZIP	DALLAS TX 75231	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL DAVIS	
STREET ADDRESS	4605 ACADEMY DRIVE	
CITY-ST-ZIP	METairie, LA 70003	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMY COOKE	
STREET ADDRESS	1166 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY 10036	

12. 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 10 or Block 11 if changed, or on an agreement with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SZAJNGARTEN

7/9/04