FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:34

DOCUMENT # F94000006119 (1)

1. Corporation Name
CBC INSURANCE AGENCY SERVICES, INC.

Principal Place of Business	Mailing Address
301 GIBRALTAR SUITE 2A MORRIS PLAINS NJ 07950	301 GIBRALTAR SUITE 2A MORRIS PLAINS NJ 07950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8th FL.
Suite, Apt. #, etc.
22: 1201 N. Market Street
City & State
23: Wilmington DE
Zip: 24: 19801
Country: 25: New Castle

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 51-0351178 ☐ 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

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CUNEO, NGAIRE	1.2 NAME	
STREET ADDRESS	18053 SEDGEMOOR CL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN 46032	1.4 CITY-ST-ZIP	
TITLE	DCEO	2.1 TITLE	D/P/CEO ☐ Change ☐ Addition
NAME	LEONARD, ROBERT C	2.2 NAME	Robert C. Leonard
STREET ADDRESS	16BC FOXWOOD DR	2.3 STREET ADDRESS	One E. River Pl., 525 E 72nd St.
CITY-ST-ZIP	MORRIS PLAINS NJ	2.4 CITY-ST-ZIP	NY, NY 10021
TITLE	DV	3.1 TITLE	TV ☒ Change ☐ Addition
NAME	CORSI, JEROME R	3.2 NAME	Fred E. Parlner
STREET ADDRESS	116 BURNHAM RD	3.3 STREET ADDRESS	80 S. Vandoran E116
CITY-ST-ZIP	MORRIS PLAINS NJ	3.4 CITY-ST-ZIP	Alexandra VA 22304
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	GABRIEL, JONATHAN P	4.2 NAME	
STREET ADDRESS	7 DOGWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NESHANIC STA NJ 08853	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GUEVARA, CARLOS J	5.2 NAME	
STREET ADDRESS	92 BEECHWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NESHANIC NJ 08853	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	AS ☐ Change ☐ Addition
NAME	ELLIOTT, KIMBERLY B	6.2 NAME	Catapano, Kimberly E
STREET ADDRESS	VILLAGE GREEN, 50D	6.3 STREET ADDRESS	8 Mourning Dove Court
CITY-ST-ZIP	BUDD LAKE NJ	6.4 CITY-ST-ZIP	Hackettstown, NJ 07840

14. I do hereby certify that the information supplied with this filing is currently furnished and 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 alteration.

SIGNATURE: _____ 1/10/95 201-539-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0308378 FP