

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90215 021 \*\*\*150.00

**DOCUMENT # F95000002056**

**1. Entity Name**  
**INSURANCE COUNSELORS, INC.**



**Principal Place of Business**  
**5260 WESTERN AVE.**  
**CHEVY CHASE MD 20815**

**Mailing Address**  
**5260 WESTERN AVE.**  
**CHEVY CHASE MD 20815**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 52-1168724**

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**

**MCCLELLAND, HUGH H III**  
**1857 WELLS ROAD, SUITE 224**  
**ORANGE PARK FL 32073**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **ROBERTS, WILLIAM E**  
**STREET ADDRESS** **6529 79TH PLACE**  
**CITY-ST-ZIP** **CABIN JOHN MD 20818**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **MULCAHY, TIMOTHY J**  
**STREET ADDRESS** **2214 HARPOON DR**  
**CITY-ST-ZIP** **STAFFORD VA 22554**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **KELLE, CARL J**  
**STREET ADDRESS** **5480 WISCONSIN AVE. #424**  
**CITY-ST-ZIP** **CHEVY CHASE MD 20815**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **PHILLIPS, ROSALIND A**  
**STREET ADDRESS** **6516 SHIPYARD PLACE**  
**CITY-ST-ZIP** **FALLS CHURCH VA 22043**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **CUNNINGHAM, STEVEN W**  
**STREET ADDRESS** **98 WATEREDGE LANE**  
**CITY-ST-ZIP** **FREDERICKSBURG VA 22406**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **SCHARA, CHARLES G**  
**STREET ADDRESS** **9020 ADVANTAGE COURT**  
**CITY-ST-ZIP** **BURKE VA 22015**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **8204 Sparger Street**  
**CITY-ST-ZIP** **McLean, Virginia 22102**

**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 attachment with an address, with all other like empowered.**

**SIGNATURE:** *Rosalind A Phillips*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Rosalind Ann Phillips**

**Jan. 24, 2003**  
Date

**301-986-2077**  
Daytime Phone #

CR2E034 (10/02)