FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F95000002806 (6)**

1. Corporation Name
CROP LOSS ADJUSTING SERVICES, INC.

Principal Place of Business
PO BOX 5024
GREAT FALLS MT 59403

Mailing Address
PO BOX 5024
GREAT FALLS MT 59403

3. Date Incorporated or Qualified: 06/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 201 Crop Growers Drive
Suite, Apt. #, etc.
22
City & State
23
Zip 24 59405-1871 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 59403-5024 Country 30

4. FEI Number: 81-0498936 — 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
Signature, typed or printed name of registered agent and title if applicable — TITLE: Registered Agent signature required when resigning — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HEMMINGSON, JOHN J		1.2 NAME		
STREET ADDRESS	201 CROP GROWERS DR		1.3 STREET ADDRESS	524 Sherman Avenue	
CITY-ST-ZIP	GREAT FALLS MT 59405		1.4 CITY-ST-ZIP	Coeur d'Alene, ID 83814	
TITLE	VCST	☐ DELETE	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	BLACK, GARY A		2.2 NAME		
STREET ADDRESS	201 CROP GROWERS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREAT FALLS MT 59405		2.4 CITY-ST-ZIP	Great Falls, MT 59405-1871	
TITLE	P	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COLE, ROBERT M		3.2 NAME		
STREET ADDRESS	201 CROP GROWERS DR		3.3 STREET ADDRESS	7500 College Blvd., Suite 1170	
CITY-ST-ZIP	GREAT FALLS MT 59405		3.4 CITY-ST-ZIP	Overland Park, KS 66210	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE: Gary A. Black — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A. Black; Sec/Tres — Title

4/29/96 — Date

406-452-8101 — Daytime Phone #