

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003435

FILED
May 01, 2012
Secretary of State

Entity Name: PARAMOUNT INSURANCE REPAIR SERVICE, INC.

Current Principal Place of Business:

18700 PALM BEACH BLVD
MONTGOMERY, TX 77356 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 560
CONROE, TX 77305 US

New Mailing Address:

FEI Number: 74-2753546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: KARM, DONALD M
Address: 54 RIVA ROW
City-St-Zip: THE WOODLANDS, TX 77380

Title: VPD
Name: KARM, DWIGHT R
Address: 8211 AGUSTA PINE PKWY WEST
City-St-Zip: SPRING, TX 77387

Title: VPD
Name: KARM, WAYLON D
Address: 18727 PALM BEACH BLVD
City-St-Zip: MONTGOMERY, TX 77356

Title: PD
Name: DEATON, CHARLES L
Address: 18700 PALM BEACH BLVD
City-St-Zip: MONTGOMERY, TX 77356

Title: STD
Name: ABBOTT, WILLIAM D
Address: 18700 PALM BEACH BLVD.
City-St-Zip: MONTGOMERY, TX 77356

Title: VPD
Name: PRICE, TIM D
Address: 708 WINDSWEPT PLACE
City-St-Zip: WILMINGTON, NC 28405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM D. ABBOTT

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05/01/2012

Electronic Signature of Signing Officer or Director

Date