2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# F97000005144

Entity Name: ZC STERLING INSURANCE AGENCY, INC.

Current Principal Place of Business:

9800 MUIRLANDS BOULEVARD
IRVINE, CA 92618 US

New Principal Place of Business:

Current Mailing Address:

210 INTERSTATE NORTH PKWY
SUITE 400
ATLANTA, GA 30339 US

New Mailing Address:

FEI Number: 95-3953356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KROCHALIS, WILLIAM J
Address: 210 INTERSTATE NORTH PKWY STE 400
City-St-Zip: ATLANTA, GA 30339

Title: VS ( ) Delete
Name: NOVAK, JAMES P
Address: 210 INTERSTATE NORTH PKWY STE 400
City-St-Zip: ATLANTA, GA 30339

Title: V ( ) Delete
Name: SILER, TRACY E
Address: 9800 MUIRLANDS BOULEVARD
City-St-Zip: IRVINE, CA 92618

Title: VT ( ) Delete
Name: FRANKS, STEPHEN G
Address: 210 INTERSTATE NORTH PKWY STE 400
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES P. NOVAK VS 01/16/2009

Electronic Signature of Signing Officer or Director Date