## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000529

Entity Name: BALBOA INSURANCE SERVICES, INC.

FILED Mar 16, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ATTN KELLY BIBERACHER

30930 RUSSELL RANCH RD, CA6-916-02-01
WESTLAKE VILLAGE, CA 91362

4500 PARK GRANADA
CALABASAS, CA 91302

Current Mailing Address: New Mailing Address:

ATTN KELLY BIBERACHER
30930 RUSSELL RANCH RD, CA6-916-02-01
WESTLAKE VILLAGE, CA 91362
30930 RUSSELL RANCH RD
MAIL STOP: CA6-916-02-01
WESTLAKE VILLAGE, CA 91362
WESTLAKE VILLAGE, CA 91362

FEI Number: 95-4662705 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

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: 03/16/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: TRES

Name: TOBIN, TIMOTHY N
Address: 201 N. TRYON STREET
City-St-Zip: CHARLOTTE, NC 28255

Title: PRES
Name: KUHN, DAVID

Address: 3349 MICHELSON DRIVE City-St-Zip: IRVINE, CA 92612

Title: SEC

Name: COSTAMAGNA, CHRISTINE
Address: 555 CALIFORNIA STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: AS

Name: MURPHY, PAMELA
Address: 30930 RUSSELL RANCH RD.
City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: [

Name: KUHN, DAVID

Address: 3349 MICHELSON DRIVE City-St-Zip: IRVINE, CA 92612

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: PAMELA MURPHY AS 03/16/2010