## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 01, 2001 8:00 am Secretary of State DOCUMENT # F9900005544 06-01-2001 90004 020 \*\*\*150.00 YOUZOOM INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 402 WEST BROADWAY, SUITE 1600 402 WEST BROADWAY, SUFE 1600 SAN DIEGO CA 92101 SAN DIEGO CA 92101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-0870652 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE., STE. 200 TALLAHASSEE FL 32301 Zip Code City FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) FILE NOW! | FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 20 )1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete KILKENNY, PATRICK J NAME NAME 402 WEST BROADWAY, SUITE 1600 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92101 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SWEENEY, KIERAN NAME NAME 402 WEST BROADWAY, SUITE 1600 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92101 CITY-ST-ZIP CITY-ST-ZIP DST ☐ Change ☐ Addition TITLE Delete TITLE HARMON, MARIANNE NAME NAME 402 WEST BROADWAY, SUITE 1600 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92101 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BATCHELLER, EDWARD J NAME 402 WEST BROADWAY, SUITE 1600 STREET ADDRESS STREET ADDRESS SAN DIEGO CA 92101 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STHEEL ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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 r y 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: MALAUM HALMON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/01

619-744-06 **B**O

CR2E034 (10/00)

FILED