
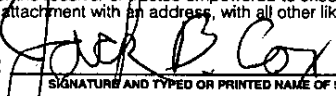


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90188 001 \*1,800.00

<b>DOCUMENT # F99000006632</b>					
1. Entity Name ITRUST INSURANCE AGENCY, INC.					
Principal Place of Business 1345 S 52ND STREET TEMPE, AZ 85284			Mailing Address 7 WEST SEVENTH ST. CINCINNATI, OH 45202		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSON, AMY		NAME		
STREET ADDRESS	9111 DUKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MASON, OH 45040		CITY-ST-ZIP		
TITLE	VTCF	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBERT, BILL		NAME	Carlos Borbolla	
STREET ADDRESS	1345 S 52ND STREET		STREET ADDRESS	1345 S 52nd Street	
CITY-ST-ZIP	TEMPE, AZ 85284		CITY-ST-ZIP	Tempe, AZ 85284	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARAIPPA, PADMA T		NAME		
STREET ADDRESS	7 WEST SEVENTH STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYS, BRADLEY R		NAME		
STREET ADDRESS	7 WEST SEVENTH STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRODERICK, DENNIS J		NAME		
STREET ADDRESS	7 WEST SEVENTH STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, JACK B		NAME		
STREET ADDRESS	7 WEST SEVENTH STREET		STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI, OH 45202		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jack B. Cox, Asst. Secretary		4/15/05 (513)579-7311	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT  
F99 000006682

(Rev. 1/05)

iTrust Insurance Agency, Inc.

66012844

**Directors:**

Dennis J. Broderick  
Joel Belsky

7 West Seventh Street, Cincinnati, OH 45202  
7 West Seventh Street, Cincinnati, OH 45202

**Officers:**

President  
Vice Pres., CFO and Treasurer  
Vice President  
Vice President  
Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary

Amy Hanson  
Carlos Borbolla  
Dennis J. Broderick  
Bradley R. Mays  
Padma Cariappa  
Jack B. Cox  
Klaus M. Ziermaier  
Ricky D. Rieger  
Michael Cohen  
Peter James

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