2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# J12109

Entity Name: CAPACITY INSURANCE COMPANY

Current Principal Place of Business:

% ARNOLD ZISSELMAN
1300 SAWGRASS CORPORATE PARKWAY - STE 250
SUNRISE, FL 33323

New Principal Place of Business:

% ARNOLD ZISSELMAN
1300 SAWGRASS CORP. PKWY. - STE 250
SUNRISE, FL 33323

Current Mailing Address:

% ARNOLD ZISSELMAN
1300 SAWGRASS CORPORATE PARKWAY - STE 250
SUNRISE, FL 33323

New Mailing Address:

% ARNOLD ZISSELMAN
1300 SAWGRASS CORP. PKWY - STE 250
SUNRISE, FL 33323

FEI Number: 59-2790499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: DP ( ) Delete
Name: BUTO, DONNA M
Address: 5823 N.W. 119 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: BUTO, FRANCES T
Address: 10975 NW 66 CT
City-St-Zip: PARKLAND, FL 33076

Title: DV ( ) Delete
Name: BUTO, STEPHEN
Address: 11184 LAKEVIEW DRIVE
City-St-Zip: CORAL SPGS, FL 33071

Title: DVPS ( ) Delete
Name: ZISSELMAN, ARNOLD
Address: 3931 NW 27TH AVE
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: BULLINGTON, DOUGLAS
Address: 17501 S.W. 54 STREET
City-St-Zip: FT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BUTO, DONNA M
Address: 1992 PARKSIDE TERRACE
City-St-Zip: MARGATE, FL 33063

Title: D (X) Change ( ) Addition
Name: BUTO, FRANCES T
Address: 6028 N.W. 118 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

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: ARNOLD ZISSELMAN DVPS 04/17/2009

Electronic Signature of Signing Officer or Director — Date