# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2011**
**Secretary of State**

DOCUMENT# K73268

**Entity Name:** AEQUICAP PROGRAM ADMINISTRATORS, INC.

**Current Principal Place of Business:**

3000 W CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3000 W CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number: 65-0204614** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JONES, MATTHEW T ESQ
3000 W CYPRESS CREEK RD
FT. LAUDERDALE, FL 33309 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

**OFFICERS AND DIRECTORS:**

Title: C
Name: MORGAMAN, PHILIP E.
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DCEO
Name: STEPHENSON, MARK
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D
Name: NICHOLS, NEAL
Address: 3251 WASHINGTON BLVD
City-St-Zip: ARLINGTON, VA 22201

Title: D
Name: MORGAMAN, JUSTIN
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P
Name: JONES, MATTHEW T
Address: 3000 W CYPRESS CREEK RD
City-St-Zip: FORT LAUDERDALE, FL 33309

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: MATTHEW T. JONES PRES 04/28/2011

Electronic Signature of Signing Officer or Director Date