## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED

 Apr 26, 2005 8:00 an Secretary of State
04-26-2005 90153 014 ***150.00

**DOCUMENT # M79238** CRUMP INSURANCE SERVICES OF FLORIDA, INC. 40067187 Principal Place of Business Mailing Address 1211 SEMORAN BOULEVARD C/O MARSH TAX DEPT 121 RIVER ST 5TH FL **SUITE 277** CASSELBERRY, FL 32707 HOBOKEN, NJ 07030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-2904551 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ASSISTANST KAREN FARRELL AMERICAS TREASURER TITI F Delete TITLE Change Addition RIDDELL, ROSS NAME 1166 AVE OF STREET ADDRESS 2 WISCONSIN CIRCLE STREET ADDRESS CITY-ST-ZIP CHEVY CHASE, MD 20815 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition SANBORN, GARY NAME NAME 1211 SEMORAN BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP ASSISTANT SECRETARY Delete TITLE TITLE ☐ Change Addition BORIK, MICHAEL SUSIE WU-DAR NAME THE AMERICAS 1166 AVE OF STREET ADDRESS STREET ADORESS 114 WEST 47TH STREET CITY-ST-ZIP NEW YORK, NY 10036 CITY+ST-7IP Delete TITLE ☐ Change TITLE ☐ Addition CONNOR, STEPHEN NAME NAME 7557 RAMBLER ROAD, #350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75231 CITY-ST-ZIP DVP □ Detete TITLE ☐ Change ☐ Addition TITLE O'BRIEN, PATRICK NAME NAME 7557 RAMBLER ROAD STREET ADDRESS STREET ADDRESS DALLAS, TX 75231 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT Delete TITLE ☐ Change **Addition** TITLE JOSEPH P. GIGLIOTT SAN TORELLI, VINCENT NAME NAME 2 WISCONSIN CIRCLE OF THE AMERICAS STREET ADDRESS STREET ADDRESS 1166 AVE CITY-ST-ZIP CHEVY CHASE, MD 20815 CITY-ST-ZIP 10036 NEW YORK,  $N\Lambda$ 

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 with an address, with all other like empowered. changed, or on an attachme

SIGNATURE:

TOSEPH P. GIGLIOTTI ITED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #