## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004511

FILED Feb 28, 2012 Secretary of State

Entity Name: THE NATIONAL SOCIETY OF PROFESSIONAL INSURANCE INVESTIGATORS, INC.

Current Principal Place of Business: New Principal Place of Business:

12012 SOUTH SHORE BLVD. SUITE 200

WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

12012 SOUTH SHORE BLVD. SUITE 200 WELLINGTON, FL 33414 US

FEI Number: 14-1841663 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GROELLE, ROBERT

12012 SOUTH SHORE BLVD.

SUITE 200

WELLINGTON, FL 33414 US

CLAUSON LOZIER, GINA
12012 SOUTH SHORE BLVD.
SUITE 200

WELLINGTON, FL 33414 US

CLAUSON LOZIER, GINA
12012 SOUTH SHORE BLVD.
SUITE 200

WELLINGTON, FL 33414 US

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: GINA CLAUSON LOZIER 02/28/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

Name: CLAUSON LOZIER, GINA ESQUIRE
Address: 12012 SOUTH SHORE BLVD. #200
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP1

 Name:
 TENZER, BRIAN ESQUIRE

 Address:
 100 NE 3RD AVENUE, SUITE 400

 City-St-Zip:
 FT. LAUDERDALE, FL 33301 US

Title: VP2

 Name:
 MESCHEL, HARVEY M

 Address:
 2301 SW 66TH TERRACE

 City-St-Zip:
 DAVIE, FL 33317 US

Title: SEC

Name: NOCERO, AIMEE M ESQUIRE
Address: 1332 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804 US

Title:

Name: HARLOW, T. DAVID Address: 560 SW 12TH AVENUE

City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: TREA

Name: O'DOWD, MICHAEL J Address: 14305 LORD BARCLAY DRIVE City-St-Zip: ORLANDO, FL 32837 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. O'DOWD TREA 02/28/2012