

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037103

FILED
Apr 19, 2011
Secretary of State

Entity Name: U. S. INSURANCE SERVICES, INC.

Current Principal Place of Business:

2000 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 47000
JACKSONVILLE, FL 322477000 US

New Mailing Address:

2000 ART MUSEUM DRIVE
JACKSONVILLE, FL 32207 US

FEI Number: 59-3717622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: PD
Name: COOPER, MARK A
Address: 2000 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: PLACE, DYLAN P
Address: 2000 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPTD
Name: HALL, RONALD R
Address: 2000 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: S
Name: CAMA, CHRISTINA B
Address: 2000 ART MUSEUM DR
City-St-Zip: JACKSONVILLE, FL 32207

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: CHRISTINA CAMA

S

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date