

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03549

FILED
Jul 08, 2011
Secretary of State

Entity Name: CONTRACTORS BONDING AND INSURANCE COMPANY

Current Principal Place of Business:

1213 VALLEY STREET
SEATTLE, WA 98109 US

New Principal Place of Business:

Current Mailing Address:

1213 VALLEY STREET
SEATTLE, WA 98109 US

New Mailing Address:

9025 N. LINDBERGH DRIVE
PEORIA, IL 61615 US

FEI Number: 91-1082952

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 323990000 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: SVD
Name: DONDANVILLE, JOSEPH E
Address: 9025 N. LINDBERGH DRIVE
City-St-Zip: PEORIA, IL 61615

Title: CEOD
Name: MICHAEL, JONATHAN E
Address: 9025 N. LINDBERGH DRIVE
City-St-Zip: PEORIA, IL 61615

Title: PD
Name: STONE, MICHAEL J
Address: 9025 N. LINDBERGH DRIVE
City-St-Zip: PEORIA, IL 61615

Title: T
Name: OGLE, ROBERT M
Address: 1213 VALLEY STREET
City-St-Zip: SEATTLE, WA 98109

Title: AS
Name: STEPHENSON, JEAN M
Address: 9025 N. LINDBERGH DRIVE
City-St-Zip: PEORIA, IL 61615

Title: SV
Name: DIE, ROY C
Address: 8 GREENWAY PLAZA, SUITE 800
City-St-Zip: HOUSTON, TX 77046

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: JEAN M. STEPHENSON

AS

07/08/2011

Electronic Signature of Signing Officer or Director

Date