

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000058350

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: AMERICAN STANDARD INSURANCE GROUP INC

## Current Principal Place of Business:

2015 AURORA ROAD  
B  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

2015 AURORA ROAD  
B  
MELBOURNE, FL 32935

## New Mailing Address:

FEI Number: 26-2520654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COWAN, CHRISTOPHER D  
1208 KATRINA CRSE NE  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

ALFREY, PAUL S  
2015 AURORA ROAD  
MELBOURNE, FL 32935 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: RA

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COWAN, CHRISTOPHER D  
Address: 1208 KATRINA CRSE NE  
City-St-Zip: PALM BAY, FL 32905

Title: VP ( ) Delete  
Name: MCMULLEN, JAMES L III  
Address: 4435 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: T ( ) Delete  
Name: ALFREY, PAUL S  
Address: 1853 BRETTWOOD LANE  
City-St-Zip: MELBOURNE, FL 32934

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALFREY, PAUL S  
Address: 2015 AURORA ROAD  
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change ( ) Addition  
Name: MCMULLEN, JAMES L III  
Address: 4435 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Change ( ) Addition  
Name: MILLER, LOWELL M  
Address: 1153 MANDARIN DRIVE NE  
City-St-Zip: PALM BAY, FL 32905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL S ALFREY

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

Date