2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2004 8:00 am Secretary of State

DOCUMENT # P09937 1. Entity Name MANAGING GENERAL AGENTS, INC.							01-22-2004	90004	018 ***15	8.75
B-i-pipal Dise	of Durings	Mailing Address						ひまひり	12700	
Principal Place of Business		Mailing Address								
270 WALKER DRIVE State College, pa 16801		270 WALKER DRIVE State College, PA 1						*		
							ODVIT JEME KOJET INKLITE			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, , , ,		01082004	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Number 25-137216			Applied For Not Applicab		
Zip	Country	.Zip	Coun				of Status Desired	×	\$8.75 Add	itional
	6. Name and Address of Current I	Registered Agent		l''''		7. Name and	Address of New F	Registered	<u>-</u>	
				Name						
MCNICHOL, ROBERT E. JR. 5909 A BRECKENRIDGE PARKWAY				Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33610										7,000
				City			 	FI	Zip Code	
 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 					register	ed agent, or bot	h, in the State of Fi	orida. I am	familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature requ						when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5. Add	.00 May Be ed to Fees				· <u></u>
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	S IN 11
TITLE	PD	☐ Delete	TITLE	E					Change	☐ Addition
NAME	MICNICHOL, ROBERT E JR		NAM							
STREET ADDRESS CITY-ST-ZIP	5909-A BRECKEN RIDGE PARK	WAY		ET ADDRESS -St-ZIP						
\	TAMPA, FL 33610		-1-			***			C 0	
TITLE NAME	TD DARE, EDWARD K III .	☐ Delete	TITLE						Change	Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	STATE COLLEGE, PA 16801			-St-ZIP						
TITLE	DS .	☐ Delete	TITLE		-		,		- Change	Addition
NAME	ERICKSON, THOMAS J		NAM	Ε	ERI	COON. 7	THOMAS V.			
STREET ADDRESS	270 WALKER DRIVE			ET ADDRESS						
CITY-ST-ZIP	STATE COLLEGE, PA 16801		CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	1					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Strei							
CITY-ST-ZIP		•		-ST-ZIP						
TITLE		☐ Delete	TIFLE	E					Change	☐ Addition
NAME PARKET ADDRESS			MAM							
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP						
			_						Channe	[] Additio-
TITLE NAME , ,	. *	☐ Delete	TITU NAM		, ,	والمعارين	the second second		☐ Change	Addition
STREET ADDRESS	्रीकाम्बरणाः (विश्वितः १६७)	シースをリティックで、20ggが2種類類 -		ET ADDRESS						
AUD CT 710			0.774	07.70	Ī					

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 tossee exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.08.04

814 238-0549

Daytime Phone #