

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000045427

Entity Name: LOSS ANALYTICS, INC.

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

111 2ND AVE NE  
900  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

111 2ND AVE NE  
900  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 27-2682544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALSTEAD, LARRY  
111 2ND AVE NE  
SUITE 900  
ST. PETERSBURG, FL 33701 US

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

HOWE, RALPH E  
111 2ND AVE NE  
SUITE 900  
ST. PETERSBURG, FL 33701 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: RALPH HOWE

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOWE, RALPH E  
Address: 111 2ND AVE NE SUITE 900  
City-St-Zip: ST. PETERSBURG, FL 33701

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: RALPH HOWE

D

01/17/2011

Electronic Signature of Signing Officer or Director

Date