2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2011
Secretary of State

DOCUMENT# P35007

Entity Name: COREPOINTE INSURANCE AGENCY, INC

Current Principal Place of Business:

27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334 US

New Principal Place of Business:

Current Mailing Address:

27777 INKSTER ROAD
FARMINGTON HILLS, MI 48334 US

New Mailing Address:

FEI Number: 38-2962289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DPT
Name: HAAN, J. S.
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: SD
Name: DODGE, M. J.
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: D
Name: GILMAN, T. F.
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: VP
Name: MENZIES, R.E.
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: AS
Name: DESKOVITZ, K.A.
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

Title: VP
Name: GEISLER, CURTIS
Address: 27777 INKSTER ROAD
City-St-Zip: FARMINGTON HILLS, MI 48334

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: MANDELINE HENDRICKS POA 04/09/2011

Electronic Signature of Signing Officer or Director Date