2008 FOR PROFIT CORPORATION

Apr 25, 2008 8:00 am Secretary of State ANNUAL REPORT 04-25-2008 90121 005 ***150 00 DOCUMENT # P93000019145 1. Entity Name ASSOCIATED INDUSTRIES INSURANCE SERVICES, INC. 40081572 Principal Place of Business Mailing Address 901 NW 51ST ST. P.O. BOX 310704 BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) Cha-P City & State City & State 4 FELNumber Applied For 59-3170795 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEBEL, JON L Street Address (P.O. Box Number is Not Acceptable) 901 NW 51ST STREET BOCA RATON, FL 33431-0704 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Defete TITLE DCEO Change ☐ Addition Shebel, Jon L SHEBEL, JON L NAME NAME 901 NW 51st Street STREET ADDRESS 901 NW 51ST STREET STREET ADDRESS BOCA RATON, FL 33431 Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP TITLE CD Defete TITLE ☐ Change X Addition WEST, ROBERT W Pacheco, Elissa M NAME NAME 516 NORTH ADAMS STREET STREET ADDRESS 901 NW 51st Street STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP X Delete TITLE TITLE Change X Addition ZAGORAC, MICHAEL JR Zyskind, Barry D NAME NAME 59 Maiden Lane, 6th Floor STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 1611 STREET ADDRESS New York, NY 10038 CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change X Addition Ungar, Stephen B 59 Maiden Lane, 6th Floor NAME MCGARVEY, DANIEL J NAME STREET ADDRESS 901 NW 51ST STREET STREET ADDRESS New York, NY 10038 CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP X Delete ☐ Change X Addition TITLE TITLE NAME SPEARMAN, GUY M III NAME Miller, Jay J 402 HIGHPOINT DRIVE SUITE A 430 East 57th Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA, FL 329266634 CITY-ST-ZIP New York, NY 10022 Delete TITLE TITLE ☐ Change X Addition DAVIS, TW DeCarlo, Donald T NAME NAME 1979 Marcus Avenue, Suite 210 1910 SAN MARCO BLVD STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of trustee empowered 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.

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE, FL 32207

Daniel J. McGarvey

Lake Success, NY 11042

04/23/08

(800) 866-1600

FILED