

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000015415

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE RESOURCE GROUP, INC.

**Current Principal Place of Business:**

5433 BALUSTRAD BLVD SE  
LACEY, WA 98513 US

**New Principal Place of Business:**

**Current Mailing Address:**

5433 BALUSTRAD BLVD SE  
LACEY, WA 98513 US

**New Mailing Address:**

**FEI Number:** 65-0641792

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREENSTEIN, MURIEL  
605 SW 88 AVE  
APT. 105  
PEMBROKE PINES, FL 33025 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:** D  
**Name:** GREENSTEIN, LENNY  
**Address:** 5433 BALUSTRAD BLVD  
**City-St-Zip:** LACEY, WA 98513 US

**Title:** D  
**Name:** GREENSTEIN, CATHERINE  
**Address:** 5433 BALUSTRAD BLVD  
**City-St-Zip:** LACEY, WA 98513

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:** LENNY GREENSTEIN

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date