2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 20, 2000 8:00 am Secretary of State DOCUMENT # **P96000045899** 1. Entity Name HILB, ROGAL AND HAMILTON E&S SERVICES OF FLORIDA 02-20-2000 90059 040 ***150.00 Mailing Address Principal Place of Business 4235 INNSLAKE DR -:- CYPRESS CENTER DR GLEN ALLEN VA 23060-5528 -- 330 UUUZZ751 - FL 33609 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt #, etc. Suite Apt # etc. Applied For 4, FEI Number City & State 59-3382167 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 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 SIGNATURE . DATE (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2F034 (9/99) DIS Waster L. Smith Drive 4235 Innslake Drive TITLE 🔀 Delete TITLE NAME SMITH, WALTER L NAME STREET ADDRESS GlenAllen, VA 23060 4235 INNSLAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GLEN ALLEN VA 23060 Change Ardrew L. Rogal TITLE Delete TITLE 4235 Innslake Drive NAME ROGAL, ANDREW L STREET ADDRESS 190 Allen, VA 23060 STREET ADDRESS 4235 INNSLAKE DRIVE CITY-ST-7IP CITY-ST-ZIP GLEN ALLEN VA 23060 Addition Timothy J. Korman Delete TITLE TITLE 4235 Inslake Drive NAME KORMAN, TIMOTHY J NAME STREET ADDRESS 4235 INNSLAKE DRIVE STREET ADDRESS GIENAILEN IVA 23060 CITY-ST-ZIP CITY-ST-ZIP **GLEN ALLEN VA 23060** Addition Change · TITLE ☐ Delete TITLE NAME DANNENHAUER, DANIEL G MAME STREET ADDRESS 5405 CYPRESS CENTER DR STE 330 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **TAMPA FL 33609** ☐ Addition Change TITLE ☐ Delete TITLE NAME JONES, CAROLYN STREET ADDRESS STREET ADDRESS 4235 INNSLAKE DR CITY - ST - ZIP CITY-ST-ZIP GLEN ALLEN VA 23060 Martin L Vaughan, III 4235 Innslake Drie Addition 🛣 Delete TITLE TITLE NAME WILCOX, RICHARD W JR. NAME STREET ADDRESS 1000 CORPORATE DR., STE 100 STREET ADDRESS Glen Allen, CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered CITY-ST-ZIP

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR