

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075927

FILED
Jun 01, 2004
Secretary of State

Entity Name: USI INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

8100 SW 10 STREET
SUITE 2000
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

50 CALIFORNIA ST.
24TH FLOOR
SAN FRANCISCO, CA 94111

New Mailing Address:

FEI Number: 65-0701499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOLISCH, JAMES
Address: 2 SOUTH UNIVERSITY DRIVE #220
City-St-Zip: PLANTATION, FL 33324 US

Title: SVPD () Delete
Name: ODEN, ROBERT
Address: 2 SOUTH UNIVERSITY DRIVE #220
City-St-Zip: PLANTATION, FL 33324 US

Title: D () Delete
Name: KARP, MICHAEL C
Address: 8100 SW 19TH ST, SUITE 2000
City-St-Zip: PLANTATION, FL 33324

Title: S () Delete
Name: NEWBORN, ERNEST J II
Address: 50 CALIFORNIA STREET, 24TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

Title: T () Delete
Name: BOWLER, EDWARD
Address: 50 CALIFORNIA STREET, 24TH FLOOR
City-St-Zip: SAN FRANCISCO, CA 94111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ERNEST J. NEWBORN, II

SEC.

06/01/2004

Electronic Signature of Signing Officer or Director

_____ Date