

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000075927

FILED  
Apr 18, 2005  
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:

555 PLEASANTVILLE RD - 160S  
BRIARCLIFF MANOR, NY 10510

FEI Number: 65-0701499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
C/O C T 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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KARP, MICHAEL C  
Address: 8100 SW 10TH STREET - STE. 2000  
City-St-Zip: PLANTATION, FL 33324 US

Title: SD (X) Change ( ) Addition  
Name: NEWBORN, ERNEST J II  
Address: 555 PLEASANTVILLE RD. - 160S  
City-St-Zip: BRIARCLIFF MANOR, NY 10510 US

Title: AS (X) Change ( ) Addition  
Name: OBERST, NAMEE  
Address: 555 PLEASANTVILLE RD. - 160S  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: T (X) Change ( ) Addition  
Name: SCHNEIDER, ROBERT  
Address: 555 PLEASANTVILLE RD. - 160S  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: AT (X) Change ( ) Addition  
Name: BOWLER, EDWARD  
Address: 555 PLEASANTVILLE RD. - 160S  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: C ( ) Change (X) Addition  
Name: ESLICK, DAVE  
Address: 555 PLEASANTVILLE RD. - 160S  
City-St-Zip: BRIARCLIFF MANOR, NY 10510

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: /S/ NAMEE OBERST

AS

04/18/2005

Electronic Signature of Signing Officer or Director

Date