## 2006 FOR PROFIT CORPORATION

## Jan 23, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P97000105859 01-23-2006 90040 032 \*\*\*150.00 1. Entity Name ZENITH INSURANCE MANAGEMENT SERVICES, INC. **DUUU4/28** Principal Place of Business Mailing Address 1390 MAIN STREET C/O ZENITH INSURANCE COMPANY SARASOTA, FL 34236-5642 21255 CALIFA STREET WOODLAND HILLS, CA 91367 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-0798289 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition ZAX, STANLEY R NAME NAME STREET ADDRESS 21255 CALIFA STREET STREET ADDRESS CITY-ST-ZIP WOODLAND HILLS, CA 913675021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLER, JACK D NAME STREET ADDRESS 21255 CALIFA STREET STREET ADDRESS CITY-ST-ZIP WOODLAND HILLS, CA 913675021 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OWEN, WILLIAM J NAME STREET ADDRESS 21255 CALIFA STREET STREET ADDRESS CITY-ST-ZIP WOODLAND HILLS, CA 913675021 CITY-ST-ZIP XXI Delete TITLE TITLE ☐ Change ☐ Addition TICKNER, JOHN J NAME NAME STREET ADDRESS 21255 CALIFA STREET STREET ADDRESS CITY-ST-ZIP WOODLAND HILLS, CA 913675021 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PI OF SIGNING OFFICER OR DIRECTOR

William.J.∵Owen, Director

1/12/06

818-676-3960

FILED

Daytime Phone