

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101231

Entity Name: COMPUPAY INSURANCE SERVICES, INC.**Current Principal Place of Business:**3450 LAKESIDE DRIVE, STE 400
MIRAMAR, FL 33027**Current Mailing Address:**4851 LBJ FRWY SUITE 100
DALLAS, TX 75244 US**FEI Number: 65-1143478****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	CEO
Name	DIFIORE, BERNARD
Address	4851 LBJ FREEWAY, SUITE 100
City-State-Zip:	DALLAS TX 75244

Title	PRESIDENT
Name	KIRKSEY, T. SCOTT
Address	4851 LBJ FREEWAY, SUITE 100
City-State-Zip:	DALLAS TX 75244

Title	CFO
Name	BOWMAN, STEPHANIE
Address	4851 LBJ FREEWAY, SUITE 100
City-State-Zip:	DALLAS TX 75244

Title	VP
Name	LEWIS, JEFFRY J
Address	4851 LBJ FREEWAY, SUITE 100
City-State-Zip:	DALLAS TX 75244

Title	VP
Name	GOMES, MICHAEL
Address	4851 LBJ FREEWAY, SUITE 100
City-State-Zip:	DALLAS TX 75244

Title	VP
Name	STILLER-KIDWELL, TIFFANY E
Address	4851 LBJ FRWY SUITE 100
City-State-Zip:	DALLAS TX 75244

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: JEFFRY J LEWIS**VP****04/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date