

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000085039

Entity Name: INSURANCE TECHNOLOGIES, INC.**Current Principal Place of Business:**6951 W SUNRISE BLVD
PLANTATION, FL 33313**Current Mailing Address:**6951 W SUNRISE BLVD
PLANTATION, FL 33313**FEI Number: 38-3853476****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SASTRE, CESAR
6951 W SUNRISE BLVD
PLANTATION, FL 33313 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 D
Name JACKSON, EDWARD
Address 6951 W SUNRISE BLVD
City-State-Zip: PLANTATION FL 33313Title D
Name ANDERTON, JOSEPH
Address 6951 W SUNRISE BLVD
City-State-Zip: PLANTATION FL 33313Title D
Name HERMANNS, RICHARD
Address 6951 W SUNRISE BLVD
City-State-Zip: PLANTATION FL 33313Title D
Name TURGEON, WILLIAM
Address 6951 W SUNRISE BLVD
City-State-Zip: PLANTATION FL 33313Title CFO
Name PETROCELLI, JENNIFER
Address 6951 W SUNRISE BLVD
City-State-Zip: PLANTATION FL 33313

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: JENNIFER PETROCELLI**CFO****02/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date