2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2014
Secretary of State
CC2368357164

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Entity Name: CUSTARD INSURANCE ADJUSTERS, INC.

Current Principal Place of Business:

4875 AVALON RIDGE PKWY
NORCROSS, GA 30071

Current Mailing Address:

4875 AVALON RIDGE PKWY
NORCROSS, GA 30071

FEI Number: 35-1188325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	SOBY, ROBERT E
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	NORCROSS GA

Title	S,T
Name	CLAY, BELINDA
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	NORCROSS GA 30071

Title	SVP
Name	CLAY, BELINDA
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	NORCROSS GA 30071

Title	PD
Name	LINVILLE, RICK G
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	NORCROSS GA 30071

Title	LC
Name	CUSTARD INSURANCE ADJUSTERS, INC./JD
Address	4875 AVALON RIDGE PARKWAY
City-State-Zip:	NORCROSS GA 30071

Title	COO
Name	PEEK, CHARLIE
Address	4875 AVALON RIDGE PKWY
City-State-Zip:	NORCROSS GA 30071

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 DANKO LICENSE COORDINATOR 04/16/2014

Electronic Signature of Signing Officer/Director Detail — Date