

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005298

Entity Name: FASI INSURANCE SERVICES, INC.

Current Principal Place of Business:

655 W BROADWAY
11TH FL
SAN DIEGO, CA 92101

FILED
Mar 15, 2022
Secretary of State
0209013596CC

Current Mailing Address:

2301 ROSECRANS AVE
STE 5100
EL SEGUNDO, CA 90245 US

FEI Number: 20-1192781

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 TAX OFFICER
Name CHAFFIN, GARY
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

Title DIRECTOR, PRESIDENT
Name HARRISON, BRETT
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

Title DIRECTOR, VP
Name SMILEY, STANLEY
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

Title DIRECTOR
Name TAYLOR, THOMAS
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

Title TREASURER
Name SHORES, KEITH
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

Title SECRETARY
Name GOK, LISA
Address 2301 ROSECRANS AVE
STE 5100
City-State-Zip: EL SEGUNDO CA 90245

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: GARY CHAFFIN

TAX OFFICER

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date