

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002268

**Entity Name:** WEICHERT INSURANCE AGENCY, INC.**Current Principal Place of Business:**C/O WEICHERT INSURANCE AGENCY, INC.  
225 LITTLETON ROAD  
MORRIS PLAINS, NJ 07950**Current Mailing Address:**C/O WEICHERT INSURANCE AGENCY, INC.  
225 LITTLETON ROAD  
MORRIS PLAINS, NJ 07950**FEI Number:** 22-2689984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	PRESIDENT, SECRETARY
Name	MAHONEY, JOHN
Address	225 LITTLETON ROAD
City-State-Zip:	MORRIS PLAINS NJ 07950

Title	TREASURER
Name	COX, JOHN J
Address	1625 STATE ROUTE 10
City-State-Zip:	MORRIS PLAINS NJ 07950

Title	ASST. TREASURER
Name	HESSE, JOHN
Address	1625 STATE ROUTE 10
City-State-Zip:	MORRIS PLAINS NJ 07950

Title	VP
Name	NIELSEN, ERIC
Address	225 LITTLETON ROAD
City-State-Zip:	MORRIS PLAINS NJ 07950

Title	VP
Name	GODLEWSKI, LISA
Address	225 LITTLETON ROAD
City-State-Zip:	MORRIS PLAINS NJ 07950

*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:** JOHN MAHONEY

PRESIDENT

01/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date