

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000676

Entity Name: FS INSURANCE BROKERS, INC.

Current Principal Place of Business:

400 CAMPUS DRIVE, STE 101
COLLEGEVILLE, PA 19426

Current Mailing Address:

400 CAMPUS DRIVE, STE 101
COLLEGEVILLE, PA 19426 US

FEI Number: 52-2128044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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 D, P
Name LESTER, ANDREW C
Address 1855 GRIFFIN ROAD, SUITE A-330
City-State-Zip: DANIA BEACH FL 33004

Title D, EXEC VP
Name READ, DAVID
Address 400 CAMPUS DRIVE, STE 101
City-State-Zip: COLLEGEVILLE PA 19426

Title T
Name LEE, JOHN J III
Address 2950 N 28TH TERRACE
City-State-Zip: HOLLYWOOD FL 33020

Title VP - INSURNANCE
Name SCHETTINO, PASQUALE
Address 1255 BAY STREET, SUITE 600
City-State-Zip: TORONTO M5R 2A9

Title VP
Name KENT, SEAN D
Address 400 CAMPUS DRIVE, STE 101
City-State-Zip: COLLEGEVILLE PA 19426

Title ASSOCIATE MANAGER - BROKERAGE
Name GEORGE, JAMIE E
Address 400 CAMPUS DRIVE, STE 101
City-State-Zip: COLLEGEVILLE PA 19426

Title SECRETARY
Name NATALE, MICHAEL
Address 1855 GRIFFIN RD, STE A-330
City-State-Zip: DANIA BEACH FL 33004

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: MICHAEL NATALE

SECRETARY

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date