

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11458

Entity Name: CATASTROPHE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

1055 HILLCREST RD, SUITE F-1
MOBILE, AL 36695

Current Mailing Address:

P O BOX 9398
MOBILE, AL 36691-0398 US

FEI Number: 63-0847253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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 PRESIDENT, CEO, DIRECTOR
Name PILOT, CURTIS F.
Address 1055 HILLCREST RD, SUITE F-1
City-State-Zip: MOBILE AL 36695

Title SECRETARY, TREASURER,
DIRECTOR
Name PILOT, E. GRACE
Address 1055 HILLCREST RD, SUITE F-1
City-State-Zip: MOBILE AL 36695

Title DIRECTOR
Name PILOT, DAPHNE
Address 1055 HILLCREST RD, SUITE F-1
City-State-Zip: MOBILE AL 36695

Title DIRECTOR
Name PILOT, DAVIS W JR.
Address 1055 HILLCREST RD, SUITE F-1
City-State-Zip: MOBILE AL 36695

Title DIRECTOR
Name PILOT, RODNEY A
Address 1055 HILLCREST RD, SUITE F-1
City-State-Zip: MOBILE AL 36695

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: E. GRACE PILOT

SECRETARY

04/12/2015

Electronic Signature of Signing Officer/Director Detail

Date