

No. <b>C 145875</b>		<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  NGLS INSURANCE SERVICES, INC. 5630 UNIVERSITY PARKWAY WINSTON-SALEM NC 27105		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ART CASTNER	555 FILLMORE AVE #606	CAPE CANAVERAL	FL	USA	32920	
SECRETARY	JEFFREY WEISSMANN	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	BARRY KARFUNKEL	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	ROBERT KARFUNKEL	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	JEFFREY WEISSMANN	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	MICHAEL WEINER	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
VICE PRESIDENT	BRAD SCHOCK	5630 UNIVERSITY PARKWAY	WINSTON-SALEM	NC	USA	27105	
TREASURER	PETER RENDALL	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
5. Organized Under the Laws of:  <b>CA</b> <b>C 145875</b>		6. Annual Report must be signed.*  Signature: Lori Marsh Name (type or print): Lori Marsh					
		Date: 10/24/2016 Title: Paralegal					
Processed 10/24/2016		* Electronically provided signatures are accepted as original signatures.					