

No. C 178909	Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. U. S. INSURANCE SERVICES, INC. 2000 ART MUSEUM DR JACKSONVILLE FL 32207		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
			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
DIRECTOR	DAVID A COFFMAN	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
TREASURER	DAVID A COFFMAN	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
PRESIDENT	DAVID A COFFMAN	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
SECRETARY	DAVID A COFFMAN	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
5. Organized Under the Laws of: FL C 178909	6. Annual Report must be signed.* Signature: David A. Coffman Name (type or print): David A. Coffman		Date: 06/08/2009 Title: Pres/Sec/Treas			
Processed 06/08/2009		* Electronically provided signatures are accepted as original signatures.				