No. C 145875  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Oct 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NGLS INSURANCE SERVICES, INC. 5630 UNIVERSITY PARKWAY  WINSTON-SALEM NC 27105		2. Registered Agen	Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY     12550 W EXPLORER DR STE 100     BOISE ID 83713  3. New Registered Agent Signature:*			
				12550 W EXPLO BOISE ID 8371				
4. Corporations: Enter N	lames and Busin	ess Addresses of P	resident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ART CASTN	ER	555 FILLMORE AVE #606	CAPE CANAVERAL	FL	USA	32920	
SECRETARY	JEFFREY WE	ISSMANN	59 MAIDEN LANE	<b>NEW YORK</b>	NY	USA	10038	
DIRECTOR	BARRY KARF	UNKEL	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	ROBERT KARFUNKEL		59 MAIDEN LANE	NEW YORK	NY	USA	10038	
DIRECTOR	JEFFREY WE	ISSMANN	59 MAIDEN LANE	<b>NEW YORK</b>	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 REND	DALL	59 MAIDEN LANE	NEW YORK	NY	USA	10038	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
CA		Signature: Lori Marsh		Date: 10/25/2017				
C 145875		Name (type or print): Lori Marsh		Title: Paralegal				
Processed 10/25/2017		* Electronically pro	ovided signatures are accepted as original s	signatures.				