

No. <b>C 178909</b>	<b>Due no later than Jun 30, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> 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
SECRETARY	CHRISTINA B CAMA	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
PRESIDENT	MARK A COOPER	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
TREASURER	NEVILLE W KNOWLES	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
DIRECTOR	MARK A COOPER	2000 ART MUSEUM DR	JACKSONVILLE	FL	USA	32207
5. Organized Under the Laws of:  <b>FL</b> <b>C 178909</b>	6. Annual Report must be signed.* Signature: Christina B Cama Name (type or print): Christina B Cama		Date: 06/22/2010 Title: Secretary			
Processed 06/22/2010		* Electronically provided signatures are accepted as original signatures.				