

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90123 021 ***150.00

DOCUMENT # F02000001649



1. Entity Name
ECM INSURANCE SERVICES, INC.

Principal Place of Business
**120 HOWARD ST., STE. 220
SAN FRANCISCO CA 94105**

Mailing Address
**120 HOWARD ST., STE. 220
SAN FRANCISCO CA 94105**



2. Principal Place of Business
120 Howard St.

3. Mailing Address
120 Howard St.

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.
Suite 220

CHECK HERE IF MAKING CHANGES

City & State
San Francisco, CA

City & State
San Francisco, CA

4. FEI Number **94-3399986**

Applied For
 Not Applicable

Zip **94105** Country **USA**

Zip **94105** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HEFFERNAN, FRANCIS M III	
STREET ADDRESS	1350 CARLBACK AVE., STE. 200	
CITY-ST-ZIP	WALNUT CREEK CA 94596	
TITLE	P	<input type="checkbox"/> Delete
NAME	HANLEY, PATRICK	
STREET ADDRESS	120 HOWARD ST., STE. 220	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARQUEZ, ZULMA	
STREET ADDRESS	120 HOWARDS ST., STE. 220	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEFCOURT, PAUL J	
STREET ADDRESS	120 HOWARDS ST., STE. 220	
CITY-ST-ZIP	SAN FRANCISCO CA 94105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ **1/17/03** (415) 778-0310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)