
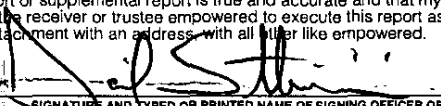


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90004 049 ***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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 94-3399986	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEFFERNAN, FRANCIS M III		NAME		
STREET ADDRESS	1350 CARLBACK AVE., STE. 200		STREET ADDRESS		
CITY-ST-ZIP	WALNUT CREEK, CA 94596		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANLEY, PATRICK		NAME		
STREET ADDRESS	120 HOWARD ST., STE. 220		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARQUEZ, ZULMA		NAME		
STREET ADDRESS	120 HOWARDS ST., STE. 220		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFCOURT, PAUL J		NAME	Lefcourt, Paul	
STREET ADDRESS	120 HOWARDS ST., STE. 220		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sebastiani, Dan	
STREET ADDRESS			STREET ADDRESS	1350 Carlback #350	
CITY-ST-ZIP			CITY-ST-ZIP	Walnut Creek, CA 94596	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rizzo, Carol	
STREET ADDRESS			STREET ADDRESS	1350 Carlback #150	
CITY-ST-ZIP			CITY-ST-ZIP	Walnut Creek, CA 94596	
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: 		DATE: 7/7/04		DAYTIME PHONE: (925) 295-2512	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	