

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 126433 JCPenney Insurance Agency, Inc. 3. Street Address Principal Business Office PLANO 6501 **UTAH** 7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS AN INSURANCE AGENCY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name J.A. OCCHIOGROSSO 75024 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name J. A. OCCHIOGROSSO Street Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM \$1.00 PAR VALUE 1.00 COMMON This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. FILED MAY 1 3 2005 JEFFREY J. VAWRINEK Print or Type Name of Officer By SECRETARY



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1. Corporate ID No.	2. Name of Corporation				,	
126433		ance Agency, Inc.				
3. Sirect Address Principal Business O			City PLANO	State 1 X	75024	
1. Business Phone No. 972-431-2135		5. State of Incorporation UTAH			6. SIC Code 5744	
7. Brief Description of the Character of TO ACT AS AN INSURAL	of Business Conducted in i					
8. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATT	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
F.N.NAPOLI			M. D. REARDON			
6501 LEGACY DR			Sirver Address 6501 LEGACY DR. City PLANO TX 75024			
City PLAND	State L X	75024		Siate /	75024	
scereiary name			Treasurer Name	CA0550		
J. J. VAWRINEK			J.A. OCCHIO GROSSO			
6501 LEGACY E) <u>k</u>		6501 LEGACY DR.			
CITY PLANO	State T.X	75024	PLANO	TX	75024	
). NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT		IN SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			M. D REARDON			
F. N. NAPOLI			Street Address			
6501 LEGAL	Y DR.		6501 LEG	6501 LEGACY DR.		
Sireel Address 6501 LEGAL City PLANO	State TX	75024	CLEY PLXNO	siaic TX	75024	
Director Name \[\int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 066 D		Director Name			
J. A. OCCHIOGA0550			Street Address			
6501 LEGAC	State	Zip	City	State	Zip	
PLANO	TX	75024_				
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 COMM \$1.00 PAR VALUE		10	Comm	1,00		
This report must be s	signed in ink by cith	er the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee	
·	•		•	·		
		} 			_	
			Hadar papelty of r	erjury, I declare and affirm t	hat I have exemined this sen	
	.2 6 4 3 3			ompanying schedules and sta		
Olio la	.1			re true and correct.	- 2/10/1	
File Date 1910	<u> </u>		2 - all	y Vaur	ner 4140	
Check No. 0.889914	·		Signature of Officer		Date	
) 1			JEFFAL	Y J. VAWRINE	<u>K</u>	
Ву:	 		Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		SELAE Title of Officer	TARY		
		_	The of Officer			

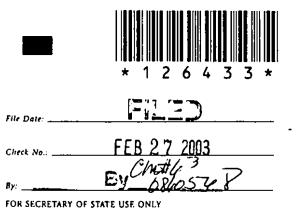
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 126433 JCPenney Insurance Agency, Inc. 3. Street Address Principal Business Office 6501 LEGACY DR 4. Business Phone No. 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island PROVIDE INSURANCE SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name M.D. BEARDON F. W. NAPOLI 6501 LEGALY DR J. A. OCCHIOGROSSO J. J. VAWAINER 6501 LEGACY DR 6501 LEGACY DA City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name F.N. NAPOH J. A. OccHIOGROSS O Street Address Director Nam M.D. REARDON Street Address Street Address LEGACY DR. 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES STARIFS CEFUZZI Number of Shares Class/Series Par Value Number of Shares 1,000 COMM \$1.00 PAR VALUE 91.00 COMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are trugand correct.

Ju Julger J. Vanne 2/19/0.

JEFFREY J. VAURINER

SECRETARY

Form 630 12102