

1.) CORPORATION NAME:

MOMENTOUS INSURANCE BROKERAGE INC.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PARACORP INCORPORATED
12610 LAKE NORMANDY LN
FAIRFAX, VA**

SCC ID NO: **F1774514**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
FAIRFAX COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000
COMNV	99,000

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5990 SEPULVEDA BLVD
STE 550

CITY/ST/ZIP: VAN NUYS, CA 91411

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DIANE L BRINSON SCHIELE	
TITLE:	PRESIDENT	
ADDRESS:	5990 SEPULVENA BLVD SUITE_ S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91401	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH WRIGHT	
TITLE:	VICE PRESIDENT	
ADDRESS:	5990 SEPULVEDA BLVD SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAM WEISER	
TITLE:	SECRETARY	
ADDRESS:	5990 SEPULVEDA BLVD S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIN GASTON	
TITLE:	TREASURER	
ADDRESS:	5990 SEPULVEDA BLVD S-550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT SCHIELE	
TITLE:	DIRECTOR	
ADDRESS:	5990 SEPULVEDA BLVD. SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID OLIVER	
TITLE:	DIRECTOR	
ADDRESS:	5990 SEPULVEDA BLVD. SUITE 550	
CITY/ST/ZIP/CO:	VAN NUYS, CA 91411	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARLENE BINDER GOLDSTEIN DIRECTOR 5990 SEPULVEDA BLVD. SUITE 550 VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TOTH DIRECTOR 5990 SEPULVEDA BLVD. SUITE 550 VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MITULA PATEL DIRECTOR 5990 SEPULVEDA BLVD. SUITE 550 VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LILIA ROCHA DIRECTOR 5990 SEPULVEDA BLVD. SUITE 550 VAN NUYS, CA 91411	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DIANE L BRINSON SCHIELE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANE L BRINSON SCHIELE, PRESIDENT PRINTED NAME AND CORPORATE TITLE	11/15/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			