

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214523367				
1.) CORPORATION NAME: Arendas Insurance Agency Inc.		DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: THE TROPHY ROOM LLC 109 S FAIRFAX ST #5 ALEXANDRIA, VA		SCC ID NO: F1895152				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: OH		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>750</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	750
CLASS	AUTHORIZED					
COMMON	750					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 5731 TURNEY ROAD						
CITY/ST/ZIP: GARFIELD HTS., OH 44125						
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.						
NAME: ANTHONY W. ZARLENGA <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR TITLE: PRES/SEC ADDRESS: 5731 TURNEY ROAD CITY/ST/ZIP/CO: GARFIELD HTS., OH 44125						
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/ ANTHONY W. ZARLENGA	ANTHONY W. ZARLENGA,	5/1/2014				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.						