

1.) CORPORATION NAME: <b>A.D.R. INSURANCE MARKETING, INC.</b>	DUE DATE: <b>10/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENTS INC          4445 CORPORATION LANE #264          VIRGINIA BEACH, VA</b>	SCC ID NO: <b>F1943408</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b>	5.) STOCK INFORMATION <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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13819 CLOVERLEAF CT

CITY/ST/ZIP: GRASS VALLEY, CA 95945

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: ALAN D ROOKE TITLE: PRESIDENT ADDRESS: 13819 CLOVERLEAF CT CITY/ST/ZIP/CO: GRASS VALLEY, CA 95945		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RANDA ROOKE TITLE: SECRE ADDRESS: 13819 CLOVERLEAF CT CITY/ST/ZIP/CO: GRASS VALLEY, CA 95945		

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/ ALAN D ROOKE	ALAN D ROOKE, PRESIDENT	8/15/2014
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.