

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856900

FILED
Apr 08, 2010
Secretary of State

Entity Name: INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR INCORPORATED

Current Principal Place of Business:

5125 TRILLIUM BLVD
HOFFMAN ESTATES, IL 60192

New Principal Place of Business:

Current Mailing Address:

5125 TRILLIUM BLVD
HOFFMAN ESTATES, IL 60192

New Mailing Address:

FEI Number: 36-3117579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: ANGELL, TERRY W
Address: 13300 W 2ND PLACE
City-St-Zip: LAKEWOOD, CO 80228

Title: D
Name: BARES, BRUCE
Address: 1399 LOGAN AVENUE
City-St-Zip: COSTA MESA, CA 92626

Title: D
Name: BROWER, WILLIAM
Address: 2875 BROWNS BRIDGE ROAD
City-St-Zip: GAINESVILLE, GA 30503

Title: D
Name: COOLEY, BRUCE
Address: 7354 WEST FIRELANDS DRIVE
City-St-Zip: HUDSON, OH 44236

Title: D
Name: DOHERTY, JAMES
Address: 30001 VAN DYKE AVE
City-St-Zip: WARREN, MI 48090

Title: D
Name: EVANS, CHRIS
Address: ONE STATE FARM PLAZA A-4
City-St-Zip: BLOOMINGTON, IL 61710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE BARES

D

04/08/2010

Electronic Signature of Signing Officer or Director

Date