

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856900

FILED
Jan 12, 2012
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: PRES
Name: VAN ALSTYNE, JOHN S
Address: 5125 TRILLIUM BLVD
City-St-Zip: HOFFMAN ESTATES, IL 60192

Title: SEC
Name: WOMBLE, DUSTIN L
Address: 10420 METRIC BLVD.
City-St-Zip: AUSTIN, TX 78758

Title: TREA
Name: ROBERT, KEITH
Address: 6221 GARVIN ROAD
City-St-Zip: OMAHA, NE 68152

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

Title: DIR
Name: FARZAM, AFSHAR
Address: 100 BRISTOL ST. N. SUITE 17-206
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR
Name: BENJAMIN, ROLLIE
Address: 6601 SHINGLE CREEK PKWY #200
City-St-Zip: BROOKLYN CENTER, MN 55430

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: JOHN S. VAN ALSTYNE

PRES

01/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date