

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 30, 2009  
Secretary of State**

DOCUMENT# F03000004825

Entity Name: MESIROW INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

321 N. CLARK STREET  
CHICAGO, IL 60610

**New Principal Place of Business:**

**Current Mailing Address:**

321 N. CLARK STREET  
CHICAGO, IL 60610

**New Mailing Address:**

FEI Number: 36-3429604      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 ( ) Delete  
Name: PRICE, RICHARD S  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: TRES ( ) Delete  
Name: PASKVAN, KRISTIE P  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: SEC (X) Delete  
Name: BUSSCHER, A. BRAD  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: VP ( ) Delete  
Name: ALEJANDRO, MARIANNE M  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: DIR ( ) Delete  
Name: HARNEY, JOHN P  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

Title: ASEC ( ) Delete  
Name: LEWANDOWSKI, LAURA D  
Address: 321 N. CLARK STREET  
City-St-Zip: CHICAGO, IL 60610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HARNEY

DIR

10/30/2009

Electronic Signature of Signing Officer or Director

Date