

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004825

FILED
Apr 27, 2010
Secretary of State

Entity Name: MESIROW INSURANCE SERVICES, INC.

Current Principal Place of Business:

321 N. CLARK STREET
CHICAGO, IL 60610

New Principal Place of Business:

353 N. CLARK STREET
CHICAGO, IL 60654

Current Mailing Address:

321 N. CLARK STREET
CHICAGO, IL 60610

New Mailing Address:

353 N. CLARK STREET
CHICAGO, IL 60654

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES
Name: PRICE, RICHARD S
Address: 353 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60654

Title: TRES
Name: PASKVAN, KRISTIE P
Address: 353 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60654

Title: VP
Name: ALEJANDRO, MARIANNE M
Address: 353 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60654

Title: DIR
Name: HARNEY, JOHN P
Address: 353 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60654

Title: ASEC
Name: LEWANDOWSKI, LAURA D
Address: 353 N. CLARK STREET
City-St-Zip: CHICAGO, IL 60654

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFRED YOUNAN, POWER OF ATTORNEY

POA

04/27/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date