

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005326

FILED
Mar 13, 2011
Secretary of State

Entity Name: AIS INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 E. RANDOLPH ST
CHICAGO, IL 60601

New Principal Place of Business:

200 E. RANDOLPH STREET
CHICAGO, IL 60601

Current Mailing Address:

200 E. RANDOLPH ST
CHICAGO, IL 60601

New Mailing Address:

200 E. RANDOLPH STREET
CHICAGO, IL 60601

FEI Number: 91-1393582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CD
Name: GARVIN, KEVIN P
Address: 200 E RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: T
Name: HAGY, PAUL A
Address: 200 E. RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: S
Name: KRAFT, JENNIFER L
Address: 200 E. RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: P
Name: JOHNSON, CALVIN R
Address: 200 E RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: VPD
Name: VIT, WILLIAM P
Address: 200 E RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

Title: AVP
Name: VODZIAK, RICHARD L
Address: 200 E RANDOLPH STREET
City-St-Zip: CHICAGO, IL 60601

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: RICHARD L VODZIAK

AVP

03/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date