

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001017

FILED
Mar 24, 2009
Secretary of State

Entity Name: INSURANCE STAFFERS, INC.

Current Principal Place of Business:

120 S LASALLE ST STE 1410
CHICAGO, IL 60603

New Principal Place of Business:

Current Mailing Address:

120 S LASALLE ST STE 1410
CHICAGO, IL 60603

New Mailing Address:

FEI Number: 36-3508473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: DS () Delete
Name: JACOBSON, RICHARD
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

Title: P () Delete
Name: JACOBSON, GREGORY
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

Title: VT () Delete
Name: CALLOZZO, SUSAN
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: JACOBSON, RICHARD L SECRETA
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

Title: P (X) Change () Addition
Name: JACOBSON, GREGORY P PRESIDE
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

Title: VT (X) Change () Addition
Name: CALLOZZO, SUSAN M CONTROL
Address: 120 S LASALLE ST STE 1410
City-St-Zip: CHICAGO, IL 60603

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: RICHARD L JACOBSON

SECR

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date