2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99964

Entity Name: ALLIANCE RISK SERVICES CORP

FILED Apr 05, 2005 Secretary of State

Littly Nan	ie. Allian	CE RIOR SERVICES CORF.					
Current Principal Place of Business:				New Principal Place of Business:			
2801 E EMI P.O. BOX 1 BLOOMING	57	7020157 US					
Current Mailing Address:				New Mailing Address:			
ATTN ROBERT MATHEWSON P.O. BOX 157 BLOOMINGTON, IL 617020157 US							
FEI Number:	37-1239085	FEI Number Applied For ()	FEI Number	r Not Applic	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 S. PIN	DRATION SY IE ISLAND F DN, FL 3332	ROAD					
The above in the State		submits this statement for th	e purpose of ch	nanging its	ts registered office or registered agent, or both,		
SIGNATUR	!E:						
	Electro	onic Signature of Registered A	\gent		Date		
Election Cam	paign Financi	ng Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BLISS, JAME 2801 E. EMP		Ado	me: dress:	PD (X) Change () Addition BLISS, JAMES I 2801 E. EMPIRE ST. BLOOMINGTON, IL 61704 US		
Title: Name: Address: City-St-Zip:	MCKNIGHT, 2801 E. EMP		Ado	me: dress:	EVPD (X) Change () Addition MCKNIGHT, JOHN J 2801 E. EMPIRE ST. BLOOMINGTON, IL 61704 US		
Title: Name: Address: City-St-Zip:	MATHEWSON 2801 E EMPI) Delete N, ROBERT E., RE STREET ON, IL 61704 US	Add	me: dress:	VPST (X) Change () Addition MATHEWSON, ROBERT 2801 E EMPIRE STREET BLOOMINGTON, IL 61704 US		
Title: Name: Address: City-St-Zip:	MENTZER, R 2801 E. EMP		Ado	me: dress:	VP (X) Change () Addition MENTZER, ROB 2801 E. EMPIRE STREET BLOOMINGTON, IL 61704 US		
Title: Name: Address: City-St-Zip:	NAYLOR, DA 2801 E EMPI		Ado	me: dress:	VP (X) Change () Addition NAYLOR, DAN 2801 E EMPIRE BLOOMINGTON, IL 61704 US		
Title:	V () Delete	Title	e:	VP (X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT MATHEWSON **VPST** 04/05/2005

() Delete

BLOOMINGTON, IL 61704 US

SHEPARD, ROBERT

2801 EAST EMPIRE

Name:

Address:

City-St-Zip:

(X) Change () Addition

SHEPARD, ROBERT

2801 EAST EMPIRE

BLOOMINGTON, IL 61704 US