

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90323 020 ***150.00

DOCUMENT # M99964

1. Entity Name
ALLIANCE RISK SERVICES CORP.



Principal Place of Business
**2801 E EMPIRE ST.
P.O. BOX 157
BLOOMINGTON IL 61702-0157
US**

Mailing Address
**ATTN ROBERT MATHEWSON
P.O. BOX 157
BLOOMINGTON IL 61702-0157
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **37-1239085**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLISS, JAMES I. 2801 E. EMPIRE ST. BLOOMINGTON IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKNIGHT, JOHN J. 2801 E. EMPIRE ST. BLOOMINGTON IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MATHEWSON, ROBERT E. 2801 E EMPIRE STREET BLOOMINGTON IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENTZER, ROBERT E. 2801 E. EMPIRE STREET BLOOMINGTON IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAYLOR, DANNY 2801 E EMPIRE BLOOMINGTON IL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARR, CARY 2801 EAST EMPIRE BLOOMINGTON IL 61704	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Mathewson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 21, 2003
Date

309-663-1393
Daytime Phone #

CR2E034 (10/02)