


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 014 ***158.75

| | | | | | |
|---|------------------------------|--|--|---|--|
| DOCUMENT # P20234 | | | |  | |
| 1. Entity Name PEARL INSURANCE SERVICES, INC. | | | | | |
| Principal Place of Business 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 61616-5348 | | | Mailing Address 1200 E. GLEN AVE. PEORIA HEIGHTS, IL 61616-5348 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PRENTICE-HALL CORPORATION SYSTEM, INC. 1202 HAYES STREET SUITE 105 TALLAHASSEE, FL 32301 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | CD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARL, JOHN P. | | NAME | | |
| STREET ADDRESS | 1200 E. GLEN AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEORIA HEIGHTS, IL 616145348 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEARL, GARY P | | NAME | | |
| STREET ADDRESS | 1200 E. GLEN AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEORIA HEIGHTS, IL 616165348 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAGEMANN, JAMES M. | | NAME | GREGGORY S. KETAY | |
| STREET ADDRESS | 1200 E. GLEN AVE. | | STREET ADDRESS | 2232 W. WARWICK DR. | |
| CITY-ST-ZIP | PEORIA HEIGHTS, IL 616165348 | | CITY-ST-ZIP | PEORIA, IL 61614 | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RETZER, EUGENE F. | | NAME | | |
| STREET ADDRESS | 1200 E. GLEN HEIGHTS | | STREET ADDRESS | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: _____ | | GARY P. PEARL | | Date: 1-20-2005 309-679-0261 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | |

40006037



01052005 Chg-P CR2E034 (10/03)

4. FEI Number
37-0817309

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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SIGNATURE: _____ GARY P. PEARL Date: 1-20-2005 309-679-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #