

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000160

1. Entity Name

TRADE INSURANCE SERVICES, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90107 028 ***150.00

Principal Place of Business

1501 WOODFIELD ROAD, SUITE 302-N
SCHAUMBURG IL 60173

Mailing Address

1501 WOODFIELD ROAD, SUITE 302-N
SCHAUMBURG IL 60173

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 **36-4254456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Delete
NAME	CAHALAN, JAMES L	
STREET ADDRESS	1501 WOODFIELD ROAD, SUITE 302-N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STERRETT, WILLIAM D	
STREET ADDRESS	1501 WOODFIELD ROAD, SUITE 302-N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	DTV	<input type="checkbox"/> Delete
NAME	MOELLER, LEWIS M	
STREET ADDRESS	1501 WOODFIELD ROAD, SUITE 302-N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WILSON, KATHLEEN	
STREET ADDRESS	1501 E WOODFIELD RD STE 302N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALSH, JOHN	
STREET ADDRESS	1501 E WOODFIELD RD STE 302N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORIO, WILLIAM	
STREET ADDRESS	1501 E WOODFIELD RD STE 302N	
CITY-ST-ZIP	SCHAUMBURG IL 60173	

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bethke, Ronald	
STREET ADDRESS	1501 E. Woodfield Road, Suite 302-N	
CITY-ST-ZIP	Schaumburg, Illinois 60173	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dooner, Gerard	
STREET ADDRESS	185 Devonshire, Suite 800	
CITY-ST-ZIP	Boston, MA 02110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Cahalan James L. Cahalan

2/23/01

Date

847-969-8209

Daytime Phone #

CR2E034 (10/00)