2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000000160

1. Entity Name
TRADE INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1501 WOODFIELD ROAD, SUITE 302-N SCHAUMBURG, IL 60173	1501 WOODFIELD ROAD, SUITE 302-N SCHAUMBURG, IL 60173

01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000411550
02/10/06-80011-018 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James Cahalan James Cahalan 1/10/2006 847-969-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #