

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000160

FILED
Jan 04, 2011
Secretary of State

Entity Name: TRADE INSURANCE SERVICES, INC.

Current Principal Place of Business:

1475 WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173

New Principal Place of Business:

Current Mailing Address:

1475 WOODFIELD ROAD, SUITE 500
SCHAUMBURG, IL 60173

New Mailing Address:

FEI Number: 36-4254456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VS
Name: CAHALAN, JAMES L
Address: 1475 WOODFIELD ROAD, SUITE 500
City-St-Zip: SCHAUMBURG, IL 60173

Title: DP
Name: STERRETT, WILLIAM D
Address: 1475 WOODFIELD ROAD, SUITE 500
City-St-Zip: SCHAUMBURG, IL 60173

Title: DTV
Name: MOELLER, LEWIS M
Address: 1475 WOODFIELD ROAD, SUITE 500
City-St-Zip: SCHAUMBURG, IL 60173

Title: DV
Name: WILSON, KATHLEEN
Address: 1475 E WOODFIELD RD STE 500
City-St-Zip: SCHAUMBURG, IL 60173

Title: DV
Name: WALSH, JOHN
Address: 1475 E WOODFIELD RD STE 500
City-St-Zip: SCHAUMBURG, IL 60173

Title: D
Name: FLORIO, WILLIAM
Address: 1475 E WOODFIELD RD STE 500
City-St-Zip: SCHAUMBURG, IL 60173

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. CAHALAN

VS

01/04/2011

Electronic Signature of Signing Officer or Director

Date