## 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M99964

Entity Name: ALLIANCE RISK SERVICES CORP.

**Current Principal Place of Business:** 

2801 E EMPIRE ST.

BLOOMINGTON. IL 61702-0157

**Current Mailing Address:** 

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

FEI Number: 37-1239085 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

FILED Jan 31, 2013

**Secretary of State** 

CC9360480363

Officer/Director Detail:

Title SCD Title PD

NameBLISS, JAMESNameMCKNIGHT, JOHNAddress2801 E. EMPIRE ST.Address2801 E. EMPIRE ST.

City-State-Zip: BLOOMINGTON IL 61704 City-State-Zip: BLOOMINGTON IL 61704

Title VPST Title VP

NameMATHEWSON, ROBERTNameLUDWIG, RACHELLEAddress2801 E EMPIRE STREETAddress2801 E. EMPIRE STREETCity-State-Zip:BLOOMINGTON IL 61704City-State-Zip:BLOOMINGTON IL 61704

Title VP Title ASST. VP

NameANDREWS, KRISNameGLOVER, KRISTINEAddress2801 E EMPIREAddress2801 E EMPIRE ST.

City-State-Zip: BLOOMINGTON IL 61704 City-State-Zip: BLOOMINGTON IL 61702-0157

Title VP Title VP

NameLAGE, SCOTTNameWHITE, ROBERTAddress2801 E EMPIRE ST.Address2801 E EMPIRE ST.

City-State-Zip: BLOOMINGTON IL 61702-0157 City-State-Zip: BLOOMINGTON IL 61702-0157

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: ROBERT MATHEWSON

**SECRETARY** 

01/31/2013