

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005493

**Entity Name:** RISK PLACEMENT SERVICES, INC.**Current Principal Place of Business:**2850 GOLF ROAD  
MEADOWS, IL 60008**Current Mailing Address:**2850 GOLF ROAD  
MEADOWS, IL 60008 US**FEI Number:** 36-3110841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAZAN, ADAM J.  
Address        2850 GOLF ROAD  
City-State-Zip: ROLLING MEADOWS IL 60008

Title            VICE PRESIDENT  
Name            MCCLARY, AMY G  
Address        2850 GOLF ROAD  
City-State-Zip: ROLLING MEADOWS IL 60008

Title            TREASURER  
Name            HINTON, PATRICIA E  
Address        2850 GOLF ROAD  
City-State-Zip: ROLLING MEADOWS IL 60008

Title            DIRECTOR, VP  
Name            BARTZ, KEITH R  
Address        2850 GOLF ROAD  
City-State-Zip: ROLLING MEADOWS IL 60008

Title            SECRETARY  
Name            DONNA, JENNER  
Address        2850 GOLF ROAD  
City-State-Zip: MEADOWS IL 60008

Title            VP  
Name            RICHARD C., CARY  
Address        2850 GOLF ROAD  
City-State-Zip: MEADOWS IL 60008

Title            VP  
Name            THEODORE A., SKIRVIN II  
Address        2850 GOLF ROAD  
City-State-Zip: MEADOWS IL 60008

Title            VP  
Name            STEVE, VALENZUELA  
Address        2850 GOLF ROAD  
City-State-Zip: MEADOWS IL 60008

*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: DONNA JENNER****SECRETARY****04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date