

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001017

Entity Name: INSURANCE STAFFERS, INC.

Current Principal Place of Business:

30 WEST MONROE STREET
FLOOR 15
CHICAGO, IL 60603

Current Mailing Address:

30 WEST MONROE STREET
FLOOR 15
CHICAGO, IL 60603 US

FEI Number: 36-3508473

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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 DS
Name JACOBSON, RICHARD LSECRET
Address 30 WEST MONROE STREET
FLOOR 15
City-State-Zip: CHICAGO IL 60603

Title P
Name JACOBSON, GREGORY PPRESIDE
Address 30 WEST MONROE STREET
FLOOR 15
City-State-Zip: CHICAGO IL 60603

Title ACCOUNTING MANAGER
Name SMITH, DEVIE
Address 30 WEST MONROE STREET
FLOOR 15
City-State-Zip: CHICAGO IL 60603

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: DEVIE SMITH

ACCOUNTING MANAGER 04/20/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date