

**2017 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 04/21/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date