

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003441

FILED
Feb 14, 2019
Secretary of State
9517796755CC

Entity Name: SPECIALTY EQUIPMENT INSURANCE SERVICES, INC.

Current Principal Place of Business:

1 SOUTH WACKER DRIVE
SUITE 2180
CHICAGO, IL 60606

Current Mailing Address:

2200 HIGHWAY 121
SUITE 100
BEDFORD, TX 76021 US

FEI Number: 39-1867188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 EXECUTIVE VICE PRESIDENT,
DIRECTOR
Name HOLLANDER, STUART DOV
Address 60 BROAD STREET
STE 30-02 30TH FLOOR
City-State-Zip: NEW YORK NY 10004

Title SECRETARY, DIRECTOR, VP
Name ROBB, TIMOTHY
Address 60 BROAD STREET
30TH FLOOR STE 30-02
City-State-Zip: NEW YORK NY 10004

Title TREASURER, DIRECTOR, VP
Name SELDESS, BRIAN
Address 60 BROAD STREET
30TH FLOOR STE 30-02
City-State-Zip: NEW YORK NY 10004

Title PRESIDENT
Name KOCOUREK, DAVID
Address 10411 CORPORATE DR., STE 200
City-State-Zip: PLEASANT PRAIRIE WI 53158

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: TIMOTHY ROBB

SECRETARY

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date