2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002954

Entity Name: CHASE INSURANCE AGENCY SERVICES, INC.

Current Principal Place of Business:

111 EAST WISCONSIN ST. MILWAUKEE, WI 53202

Current Mailing Address:

111 EAST WISCONSIN ST. MILWAUKEE, WI 53202 US

FEI Number: 39-1610807

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	PANTALEO, LAURA A.	Name	SEGNINI, ROBERT A
Address	111 EAST WISCONSIN ST.	Address	111 EAST WISCONSIN ST.
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202
Title	SECRETARY	Title	TREASURER
Name	JORDAN, MARIE I.	Name	DIFFLEY, MATTHEW S
Address	111 EAST WISCONSIN ST.	Address	111 EAST WISCONSIN ST.
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR FINK, MARC J.	Title Name	DIRECTOR QUENTAL, GREGORY G.
Name	FINK, MARC J.	Name	QUENTAL, GREGORY G. 111 EAST WISCONSIN ST.
Name Address	FINK, MARC J. 111 EAST WISCONSIN ST.	Name Address	QUENTAL, GREGORY G. 111 EAST WISCONSIN ST.
Name Address City-State-Zip:	FINK, MARC J. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202	Name Address City-State-Zip:	QUENTAL, GREGORY G. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202
Name Address City-State-Zip: Title	FINK, MARC J. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202 DIRECTOR	Name Address City-State-Zip: Title	QUENTAL, GREGORY G. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202 DIRECTOR
Name Address City-State-Zip: Title Name	FINK, MARC J. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202 DIRECTOR ELBAZ, BENJAMIN	Name Address City-State-Zip: Title Name	QUENTAL, GREGORY G. 111 EAST WISCONSIN ST. MILWAUKEE WI 53202 DIRECTOR DEEGAN, DANIEL R.

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: MARIE I. JORDAN

SECRETARY

04/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 09, 2015 Secretary of State CC2589866185

Date