

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 304651

FILED
Mar 12, 2008
Secretary of State

Entity Name: NAGICO CORPORATION

Current Principal Place of Business:

910 W. SKOKIE BLVD.
SUITE 112
SKOKIE, IL 60062

New Principal Place of Business:

Current Mailing Address:

910 W. SKOKIE BLVD.
SUITE 112
SKOKIE, IL 60062

New Mailing Address:

191 N. WACKER DR.
1800
CHICAGO, IL 60606

FEI Number: 59-1159030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GOODMAN, DRU D
Address: 1955 SHERMER ROAD, SUITE 300
City-St-Zip: NORTHBROOK, IL 60062 US

Title: D () Delete
Name: GOODMAN, ELMER A
Address: 8283 CURRENCY DRIVE
City-St-Zip: RIVIERA BCH., FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DRU GOODMAN

PSTD

03/12/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date