

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 856900

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR INCORPORATED

**Current Principal Place of Business:**

5125 TRILLIUM BLVD  
HOFFMAN ESTATES, IL 60192

**New Principal Place of Business:**

**Current Mailing Address:**

5125 TRILLIUM BLVD  
HOFFMAN ESTATES, IL 60192

**New Mailing Address:**

**FEI Number:** 36-3117579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ANGELL, TERRY W  
Address: 13300 W 2ND PLACE  
City-St-Zip: LAKEWOOD, CO 80228

Title: D  
Name: BARES, BRUCE  
Address: 1399 LOGAN AVENUE  
City-St-Zip: COSTA MESA, CA 92626

Title: D  
Name: BROWER, WILLIAM  
Address: 2875 BROWNS BRIDGE ROAD  
City-St-Zip: GAINESVILLE, GA 30503

Title: D  
Name: COOLEY, BRUCE  
Address: 7354 WEST FIRELANDS DRIVE  
City-St-Zip: HUDSON, OH 44236

Title: D  
Name: DOHERTY, JAMES  
Address: 30001 VAN DYKE AVE  
City-St-Zip: WARREN, MI 48090

Title: D  
Name: EVANS, CHRIS  
Address: ONE STATE FARM PLAZA A-4  
City-St-Zip: BLOOMINGTON, IL 61710

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE BARES

D

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date