


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000004065</b>	
1. Entity Name INSURANCENOODLE, INC.	

Principal Place of Business 222 SOUTH RIVERSIDE PLAZA SUITE 1700 CHICAGO, IL 60606	Mailing Address 222 SOUTH RIVERSIDE PLAZA SUITE 1700 CHICAGO, IL 60606
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4364587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URBANCIZ, DONALD 11 SOUTH LASALLE ST., 6TH FL CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EMMERSON, KATHRYN 11 SOUTH LASALLE ST., 6TH FL CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADELMAN, TIMOTHY 11 SOUTH LASALLE ST., 6TH FL CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALISH, GEOFFREY 27 LYONS PLACE LARCHMONT, NY 10538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/06-80060-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kathryn S. Emerson **KATHRYN S. EMMERSON** 1.9.2006 312.372.1668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #