

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004750

FILED
Apr 28, 2010
Secretary of State

Entity Name: PROFESSIONAL PENSIONS, INC.

Current Principal Place of Business:

10 RESEARCH PARKWAY
WALLINGFORD, CT 06492 US

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W. MADISON STREET
SUITE 2400
CHICAGO, IL 60661 US

New Mailing Address:

FEI Number: 06-0860933 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: NUNES, LUIS M
Address: 10 RESEARCH PARKWAY
City-St-Zip: WALLINGFORD, CT 06492 US

Title: S
Name: SONNONE, STEPHEN
Address: 10 RESEARCH PARKWAY
City-St-Zip: WALLINGFORD, CT 06492 US

Title: T
Name: CHRISTIE, STEVEN
Address: 10 RESEARCH PARKWAY
City-St-Zip: WALLINGFORD, CT 06492 US

Title: VP
Name: LIESER, LORI M
Address: 500 W. MADISON STREET
City-St-Zip: CHICAGO, IL 60661 US

Title: D
Name: SCARPA, MARIA
Address: 10 RESEARCH PARKWAY
City-St-Zip: WALLINGFORD, CT 06492 US

Title: D
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173 US

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: LORI M. LIESER

VP

04/28/2010

Electronic Signature of Signing Officer or Director

Date