2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006528

City-St-Zip:

City-St-Zip:

Title:

Name: Address: BUFFALO GROVE, IL 60089

CHESTERFIELD, MO 63017

RICHARDS, STEVEN K

(X) Delete

390 S. WOODS MILL RD SUITE 350

FILED Apr 17, 2008 Secretary of State

Entity Name: NORTH SHORE AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 270 SPAGNOLI RD. MELVILLE, NY 11747 **Current Mailing Address: New Mailing Address:** 2520 S. 170TH ST PO BOX 510955 NEW BERLIN, WI 531510955 FEI Number: 11-3399772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HOFFMAN, RICHARD C BARRIST, MICHAEL J Name: Name: 390 S WOODS MILL RD SUITE 350 507 PRUDENTIAL ROAD Address: Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip: HORSHAM, PA 19044 Title: VP/S Title: T/D (X) Change () Addition () Delete SCHWAB, JOHN R Name: ENGEMAN, ROBERT Name: 751 SUMMA AVENUE 507 PRUDENTIAL ROAD Address: Address: WESTBURY, NY 11590 HORSHAM, PA 19044 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: VP/D () Delete S/D KELEGHAN, KEVIN T GINDIN, JOSHUA Name: Name: 2150 E. LAKE COOK RD., SUITE 500 507 PRUDENTIAL ROAD Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HORSHAM, PA 19044

() Change () Addition

SIGNATURE: JOSHUA GINDIN S/D 04/17/2008