

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

0150237 MB

DOCUMENT # **F02000003264**

1. Entity Name

MIDWEST INSURANCE AGENCY, INC.



Principal Place of Business

**1420 KENSINGTON ROAD, SUITE 203
OAK BROOK IL 60523**

Mailing Address

**1420 KENSINGTON ROAD, SUITE 203
OAK BROOK IL 60523**

2. Principal Place of Business

1420 KENSINGTON ROAD

Suite, Apt. #, etc.

SUITE 203

City & State

OAK BROOK IL

Zip

60523

Country

DUPAGE

3. Mailing Address

1420 KENSINGTON ROAD

Suite, Apt. #, etc.

SUITE 203

City & State

OAK BROOK IL

Zip

60523

Country

DUPAGE



CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4106875

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSTD** Delete
NAME **BLACKWELL, WILLIAM**
STREET ADDRESS **1420 KENSINGTON ROAD, SUITE 209**
CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE **VD** Delete
NAME **BLACKWELL, JEFFREY**
STREET ADDRESS **1420 KENSINGTON ROAD, SUITE 209**
CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** Change Addition
NAME **Dan Opperman**
STREET ADDRESS **1420 Kensington Road, Suite 203**
CITY-ST-ZIP **Oak Brook IL 60523**

TITLE **VICE PRESIDENT** Change Addition
NAME **William Blackwell**
STREET ADDRESS **1420 Kensington Road, Suite 203**
CITY-ST-ZIP **Oak Brook IL 60523**

TITLE **VICE PRESIDENT** Change Addition
NAME **Todd Hammond**
STREET ADDRESS **1420 Kensington Road, Suite 203**
CITY-ST-ZIP **Oak Brook IL 60523**

TITLE **SECRETARY/TREASURER** Change Addition
NAME **Jeff Williams**
STREET ADDRESS **1420 Kensington Road, Suite 203**
CITY-ST-ZIP **Oak Brook IL 60523**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03

Date

Daytime Phone #

CR2E034 (4/03)