2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# F03000005493

Entity Name: RISK PLACEMENT SERVICES, INC.

Current Principal Place of Business:

TWO PIERCE PLACE
ITASCA, IL 60143

New Principal Place of Business:

Current Mailing Address:

TWO PIERCE PLACE
ITASCA, IL 60143

New Mailing Address:

FEI Number: 36-3110841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: _____ 04/27/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD
Name: MCGURN, DAVID E JR.
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: PD
Name: CAVANESS, JOEL D
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: AVP
Name: COYNE, LISA A
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: TREA
Name: LAZZAR0, JACK H
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: VP
Name: WASIKOWSKI, PAUL F
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

Title: CFO
Name: DEVRIES, KENNETH
Address: TWO PIERCE PLACE
City-St-Zip: ITASCA, IL 60143

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: LISA A. COYNE AVP 04/27/2012
Electronic Signature of Signing Officer or Director — Date