

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001805

FILED
Apr 25, 2006
Secretary of State

Entity Name: TOTAL FINANCIAL & INSURANCE SERVICES, INC.

Current Principal Place of Business:

C/O NFP
787 SEVENTH AVE, 49TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

11835 WEST OLYMPIC BLVD.
SUITE 600
LOS ANGELES, CA 90064

Current Mailing Address:

C/O NFP, 500 W MADISON ST
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 13-4054908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: DPST () Delete
Name: GREENBERG, LISA
Address: 11835 W OLYMPIC BLVD, STE 600
City-St-Zip: LOS ANGELES, CA 90064

Title: DVP () Delete
Name: GREENBERG, MARVIN
Address: 11835 W OLYMPIC BLVD, STE 600
City-St-Zip: LOS ANGELES, CA 90064

Title: D () Delete
Name: ZUCCARO, ROBERT S
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: HINKSON, MALIKA
Address: 787 7TH AVE, 11TH FL
City-St-Zip: NEW YORK, NY 10019

Title: VP () Delete
Name: LIESER, LORI M
Address: 500 W MADISON ST, STE 2400
City-St-Zip: CHICAGO, IL 60661

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: GREENBERG, LISA
Address: 11835 W OLYMPIC BLVD, STE 600
City-St-Zip: LOS ANGELES, CA 90064

Title: DP (X) Change () Addition
Name: GREENBERG, MARVIN
Address: 11835 W OLYMPIC BLVD, STE 600
City-St-Zip: LOS ANGELES, CA 90064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LORI M. LIESER

VP

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date