

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005097

FILED
Apr 29, 2005
Secretary of State

Entity Name: NATIONAL ACCIDENT INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

85 W. ALGONQUIN RD., #500
ARLINGTON HEIGHTS, IL 60005

New Principal Place of Business:

Current Mailing Address:

85 W. ALGONQUIN RD., #500
ARLINGTON HEIGHTS, IL 60005

New Mailing Address:

FEI Number: 36-4369000

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: CD () Delete
Name: ORDENY, IRVING M
Address: 85 W. ALGONQUIN RD., #500
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: P () Delete
Name: PROTAS, RICHARD
Address: 12655 N CENTRAL EXPRESSWAY, 1011
City-St-Zip: DALLAS, TX 75243

Title: V () Delete
Name: LIGHT, BARRY
Address: 4860 COX RD., #200
City-St-Zip: GLEN ALLEN, VA 23060

Title: S () Delete
Name: MCNAMARA, SUSAN
Address: 85 W. ALGONQUIN RD., #500
City-St-Zip: ARLINGTON HEIGHTS, IL 60005

Title: T () Delete
Name: CALLAHAN, AMY
Address: 12655 N. CENTRAL EXPRESSWAY, #1011
City-St-Zip: DALLAS, TX 75243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: SUSAN MCNAMARA

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04/29/2005

Electronic Signature of Signing Officer or Director

Date