


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90163 043 \*\*\*150.00

<b>DOCUMENT # F04000006784</b>			
1. Entity Name VISTA INSURANCE PARTNERS OF ILLINOIS, INC.			
Principal Place of Business 6 WEST HUBBARD STREET 4TH FLOOR CHICAGO, IL 60610		Mailing Address 1445 ROSS AVENUE SUITE 4200 DALLAS, TX 75202	
2. Principal Place of Business 555 Pleasantville Rd Suite, Apt. #, etc. Suite 160 South City & State Briarcliff Manor NY Zip 10510 Country		3. Mailing Address 555 Pleasantville Rd Suite, Apt. #, etc. Suite 160 South City & State Briarcliff Manor NY Zip 10510 Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBS PAN, C. JEFF 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE. Vice President Pan, C. Jeff 1445 Ross Ave, Ste 4200 Dallas Tx 75202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, JOHN W 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Eslick 555 Pleasantville Rd, Ste 160 S Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP RENNER, ALISON J 6 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE. Vice President Renner, Alison 6 West Hubbard St, 4th Fl Chicago, IL 60610 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BOWMAN, STEPHANIE 1445 ROSS AVENUE, SUITE 4200 DALLAS, TX 75202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE. Vice President Bowman, Stephanie 1445 Ross Avenue Dallas Tx 75202 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		4-20-05 Date Daytime Phone #	

40067658



04192005 Chg-P CR2E034 (10/03)

4. FEI Number  
36-4067081 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required