2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# F04000006784

Entity Name: VISTA INSURANCE PARTNERS OF ILLINOIS, INC.

Current Principal Place of Business:

6 WEST HUBBARD STREET
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

555 PLEASANTVILLE RD
STE 160 S
BRIARCLIFF MANOR, NY 10510

New Mailing Address:

FEI Number: 36-4067081 **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

OFFICERS AND DIRECTORS:

Title: SD
Name: NEWBORN, II, ERNEST J
Address: 555 PLEASANTVILLE RD STE 160 SOUTH
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: T
Name: O'BRIEN, JAMES
Address: 555 PLEASANTVILLE RD STE 1605
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: P
Name: RENNER, ALISON J
Address: 6 WEST HUBBARD STREET, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60610

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: ERNEST J. NEWBORN, II S 04/28/2011

Electronic Signature of Signing Officer or Director Date