

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90085 034 \*\*\*\*61.25

**DOCUMENT # F04000007229**

1. Entity Name  
**SCHOOL LEADERS RISK MANAGEMENT ASSOCIATION  
INCORPORATED**



Principal Place of Business  
**525 W. MONROE STREET, SUITE 2400  
CHICAGO, IL 60661**

Mailing Address  
**525 W. MONROE STREET, SUITE 2400  
CHICAGO, IL 60661**

**50021617**



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**73-1692030**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**A1A REGISTERED AGENT INC.  
92 SADBERRY RD.  
QUINCY, FL 32351**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	JOHNSON, MICHAEL
STREET ADDRESS	2921 BAKER DRIVE
CITY-ST-ZIP	SPRINGFIELD, IL 62703
TITLE	VC
NAME	KING, JUSTIN P
STREET ADDRESS	1001 CENTENNIAL WAY, SUITE 400
CITY-ST-ZIP	LANSING, MI 48917
TITLE	DS
NAME	KREMER, TIMOTHY G
STREET ADDRESS	24 CENTURY HILL DRIVE, SUITE 200
CITY-ST-ZIP	LATHAM, NY 121102125
TITLE	DT
NAME	KROHNE, PAUL
STREET ADDRESS	1027 BARNWELL STREET
CITY-ST-ZIP	COLUMBIA, SC 29201
TITLE	P
NAME	MELTON, LANCE O
STREET ADDRESS	ONE SOUTH MONTANA AVENUE
CITY-ST-ZIP	HELENA, MT 59601
TITLE	VP
NAME	SANDNER, JAMES
STREET ADDRESS	525 W. MONROE STREET - SUITE 2400
CITY-ST-ZIP	CHICAGO, IL 60661

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Assistant Secretary* (312) 906-8111

Date

Daytime Phone #



## ATTACHMENT

525 West Monroe Street  
Suite 2400  
Chicago, Illinois 60661-3622  
[www.SLRMA.org](http://www.SLRMA.org)

50021617  
# F04000007229

### BOARD OF DIRECTORS

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*Executive Director*  
Illinois Association of School Boards

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Chicago, Illinois

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**Ms. Stephanie Giggetts**  
*Program Manager*

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