2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F04000007229

FILED Jan 31, 2006 8:00 am Secretary of State

1. Entity Nam SCHOOL INCORPO	LEADER	S RISK MANAGEN	MENT A	SSOCIATIO	N			01-3	1-2006 900	15 033 :	****61.25	
Principal Place of Business Mailing A 525 W. MONROE STREET, SUITE 2400 525 W. CHICAGO, IL 60661 CHICAGO			Address Monroe Street, Suite 2400 60, IL 60661					Dis 46 11 86 111				
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite			e, Apt. #, etc.				01182006 C	Chg-NP	CR2E	037 (11/05)		
City & State			City	City & State				4. FEI Number 73-16920	30		P-	plied For at Applicable
Zip			Zip			intry	5. Certificate of Statu				\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered	Agent		Name		7. Name and Ad	dress of New I	Registere	d Agent	
A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351					Street Address (P.O. Box Number is Not Acceptable)							
						City				F	L Zip Cod	θ
	named entity tions of regist	y submits this statement for ered agent.	r the purpos	e of changing its	register	ed office or	register	ed agent, or both, i	n the State of F	lorida. 1 a	m familiar with,	and accept
SIGNATURE .		or printed name of registered agent of	and title if applic	able. (NOTi	E: Registere	d Agent signatu	ure required	when reinstating)	<u> </u>	DATE		
									$\overline{}$			
	_	e is \$61.25 lay 1, 2006		9. Election Car Trust Fund C				\$5.00 May Be Added to Fees	Flo	rida Dep	ck payable t artment of S	tate
10.	Due by M		RECTORS	Trust Fund (Contribut	tion.		Added to Fees ADDITIONS/CHAN	GES TO OFFIC	rida Dep	artment of S	tate
TITLE	Due by M	OFFICERS AND DIF	RECTORS		11.	E	Assi	Added to Fees ADDITIONS/CHANGE istant Trea	GES TO OFFIC	rida Dep	artment of S	tate
	C JOHNSON	May 1, 2006	RECTORS	Trust Fund (11. TITU	E	Assi Jess	Added to Fees ADDITIONS/CHANG ISTANT Treasica Hogg	GES TO OFFIC	erida Dep	DIRECTORS IN Change	tate
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Thereby certify that the information supplied with this lifting does not quality for the exemptions contained in Chapter 119, Florida Statutes. From 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:

Jessica Hogg NAME OF SIGNING OFFICER OR DIRECTOR

(312) 906-8111 Daytime Phone #



ATTACHMENT

100009492 #F0400007229

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