
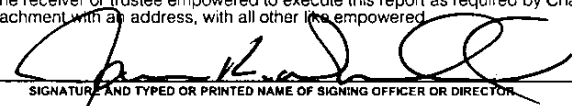


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90050 013 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 73-1692030	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351			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) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE C NAME JOHNSON, MICHAEL STREET ADDRESS 2921 BAKER DRIVE CITY-ST-ZIP SPRINGFIELD, IL 62703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VC NAME KING, JUSTIN P STREET ADDRESS 1001 CENTENNIAL WAY, SUITE 400 CITY-ST-ZIP LANSING, MI 48917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME KREMER, TIMOTHY G STREET ADDRESS 24 CENTURY HILL DRIVE, SUITE 200 CITY-ST-ZIP LATHAM, NY 121102125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME KROHNE, PAUL STREET ADDRESS 1027 BARNWELL STREET CITY-ST-ZIP COLUMBIA, SC 29201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE * NAME MELTON, LANCE O STREET ADDRESS ONE SOUTH MONTANA AVENUE CITY-ST-ZIP HELENA, MT 59601	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SANDNER, JAMES STREET ADDRESS 525 W. MONROE STREET - SUITE 2400 CITY-ST-ZIP CHICAGO, IL 60661	<input checked="" type="checkbox"/> Delete		TITLE ASSISTANT SECRETARY NAME JAMES K. Woodard STREET ADDRESS 525 W. MONROE - SUITE 2400 CITY-ST-ZIP CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			JAMES K. Woodard (312) 906-8111 <small>Date Daytime Phone #</small>		

40023114



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
73-1692030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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.

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Filing Fee Is \$61.25 Due by May 1, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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TITLE VC NAME KING, JUSTIN P STREET ADDRESS 1001 CENTENNIAL WAY, SUITE 400 CITY-ST-ZIP LANSING, MI 48917	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE DIRECTOR NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASSISTANT SECRETARY NAME JAMES K. Woodard STREET ADDRESS 525 W. MONROE - SUITE 2400 CITY-ST-ZIP CHICAGO, IL 60661	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES K. Woodard (312) 906-8111
Date Daytime Phone #