

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007229

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** SCHOOL LEADERS RISK MANAGEMENT ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

525 W. MONROE STREET, SUITE 2400  
CHICAGO, IL 60661

**New Principal Place of Business:**

**Current Mailing Address:**

525 W. MONROE STREET, SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number:** 73-1692030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 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: C ( ) Delete  
Name: JOHNSON, MICHAEL  
Address: 2921 BAKER DRIVE  
City-St-Zip: SPRINGFIELD, IL 62703

Title: VC ( ) Delete  
Name: KING, JUSTIN P  
Address: 1001 CENTENNIAL WAY, SUITE 400  
City-St-Zip: LANSING, MI 48917

Title: DS ( ) Delete  
Name: KREMER, TIMOTHY G  
Address: 24 CENTURY HILL DRIVE, SUITE 200  
City-St-Zip: LATHAM, NY 121102125

Title: DT ( ) Delete  
Name: KROHNE, PAUL  
Address: 1027 BARNWELL STREET  
City-St-Zip: COLUMBIA, SC 29201

Title: D ( ) Delete  
Name: MELTON, LANCE O  
Address: ONE SOUTH MONTANA AVENUE  
City-St-Zip: HELENA, MT 59601

Title: AS ( ) Delete  
Name: WOODARD, JAMES K  
Address: 525 W. MONROE STREET - SUITE 2400  
City-St-Zip: CHICAGO, IL 60661

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K WOODARD

AS

02/20/2008

Electronic Signature of Signing Officer or Director

Date