

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007229

FILED
Apr 16, 2009
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: D (X) Change () Addition
Name: SMITH, CARL
Address: 621 RIDGELY AVENUE, STE. 300
City-St-Zip: ABBAOIKUS, MD 21401

Title: DS (X) Change () Addition
Name: KREMER, TIMOTHY G
Address: 24 CENTURY HILL DRIVE, SUITE 200
City-St-Zip: LATHAM, NY 12110

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

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

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

04/16/2009

Electronic Signature of Signing Officer or Director

Date