2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004452

FILED Jan 26, 2009 Secretary of State

Entity Name: ALM BROKERAGE, INC. **Current Principal Place of Business: New Principal Place of Business:** 9145 JASMINE WAY FOX RIVER GROVE, IL 60021 **Current Mailing Address: New Mailing Address:** 20856 N RAND RD BARRINGTON, IL 60010 FEI Number: 36-4263284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BLOOM, DAVE 1300 NW 26TH LN DEL RAY BEACH, FL 33445 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: (X) Change () Addition MARSELLA, SHERYL MARSELLA, SHERYL Name: 9145 JASMINE WAY 9145 JASMINE WAY Address: City-St-Zip: FOX RIVER GROVE, IL 60021 City-St-Zip: FOX RIVER GROVE, IL 60021

Title: Name: Address:

Title: DST Title: () Change () Addition () Delete

Name: MARSELLA, DANIEL Name: 9145 JASMINE WAY Address: Address: FOX RIVER GROVE, IL 60021 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERYL MARSELLA **PRES** 01/26/2009