2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001931

Entity Name: CBIZ INSURANCE SERVICES, INC.

FILED Apr 05, 2011 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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44 BALTIMORE STREET CUMBERLAND, MD 21502

Current Mailing Address: New Mailing Address:

6050 OAK TREE BLVD SUITE 500 CLEVELAND, OH 44131

FEI Number: 52-0807416 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: DVP

Name: GRSKO, JEROME P JR

Address: 6050 OAK TREE BLVD SUITE 500

City-St-Zip: CLEVELAND, OH 44131

Title: F

Name: ZANGER, MARC E
Address: 44 BALTIMORE STREET
City-St-Zip: CUMBERLAND, MD 21502

Title: AS

Name: GEFFERT, JOHN J

Address: 6050 OAK TREE BLVD., SUITE 500

City-St-Zip: CLEVELAND, OH 44131

Title:

Name: GLEESPEN, MICHAEL W

Address: 6050 OAK TREE BLVD., SUITE 500

City-St-Zip: CLEVELAND, OH 44131

Title: VP

Name: KOWALSKI, BRUCE J

Address: 6050 OAK TREE BLVD SUITE 500

City-St-Zip: CLEVELAND, OH 44131

Title:

Name: MAREK, KELLY J

Address: 6050 OAK TREE BLVD SUITE 500

City-St-Zip: CLEVELAND, OH 44131

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL W. GLEESPEN SEC 04/05/2011