

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001965

FILED
Mar 30, 2012
Secretary of State

Entity Name: AMERICA DIRECT INSURANCE AGENCY, INC.

Current Principal Place of Business:

3800 GOLF RD #350
ROLLING MEADOWS, IL 60008

New Principal Place of Business:

8700 W. BRYN MAWR AVE.
SUITE 900S
CHICAGO, IL 60631

Current Mailing Address:

1211 W 22ND STREET
209
OAK BROOK, IL 60523

New Mailing Address:

8700 W. BRYN MAWR AVE.
SUITE 900S
CHICAGO, IL 60631

FEI Number: 20-3271576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: D
Name: HEMMINGS, RICHARD
Address: 1480 GULFSTAR DRIVE
City-St-Zip: NAPLES, FL 34112

Title: P
Name: HARKENSEE, JAMES C
Address: 4124 N. HARVARD AVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: T
Name: WRAY, MARK
Address: 585 FRONT STREET
City-St-Zip: LISLE, IL 60532

Title: ST
Name: WRAY, MARK
Address: 585 FRONT STREET
City-St-Zip: LISLE, IL 60532

Title: D
Name: WRAY, MARK
Address: 585 FRONT STREET
City-St-Zip: LISLE, IL 60532

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: MARK WRAY

D, T

03/30/2012

Electronic Signature of Signing Officer or Director

Date