

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000520

FILED
Jul 16, 2008
Secretary of State

Entity Name: AMTRUST INVESTMENT SERVICES, INC.

Current Principal Place of Business:

200 OHIO SAVINGS PLAZA
1801 EAST NINTH STREET
CLEVELAND, OH 44114

New Principal Place of Business:

200 AMTRUST BANK CENTER
1801 EAST NINTH ST, SUITE 200 - OH99-0214
CLEVELAND, OH 44114

Current Mailing Address:

200 OHIO SAVINGS PLAZA
1801 EAST NINTH STREET
CLEVELAND, OH 44114

New Mailing Address:

200 AMTRUST BANK CENTER
1801 EAST NINTH ST, SUITE 200 - OH99-0214
CLEVELAND, OH 44114

FEI Number: 34-1396557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: GOLDBERG, JEREMY
Address: 1801 EAST NINTH STREET, #200
City-St-Zip: CLEVELAND, OH 44114

Title: VCAS () Delete
Name: GOLDBERG, ROBERT
Address: 5150 THREE VG DR UNIT 1E
City-St-Zip: LYNDHURST, OH 44124

Title: P () Delete
Name: DIGERONIMO, GREGORY
Address: 7327 BURNTWOOD WAY
City-St-Zip: HUDSON, OH 44236

Title: EVP () Delete
Name: PRESBY, ALAN
Address: 3060 MEADOW GATEWAY
City-St-Zip: BROADVIEW HEIGHTS, OH 44147

Title: S () Delete
Name: SOLGANIK, VIVIAN L
Address: 3330 WARRENSVILLE CENTER, #504
City-St-Zip: SHAKER HEIGHTS, OH 44122

Title: T () Delete
Name: DONATELLI, ANTHONY
Address: 5290 HOGAN COURT
City-St-Zip: MASON, OH 45040

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN L. SOLGANIK

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07/16/2008

Electronic Signature of Signing Officer or Director

Date