

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001036

FILED
Apr 17, 2012
Secretary of State

Entity Name: FLORISTS' INSURANCE SERVICE, INC.

Current Principal Place of Business:

#1 HORTICULTURAL LANE
EDWARDSVILLE, IL 62025

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
EDWARDSVILLE, IL 62025

New Mailing Address:

FEI Number: 37-6051222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: PD
Name: HABERER, MONA B
Address: 6 GINGER RIDGE LANE
City-St-Zip: GLEN CARBON, IL 62034

Title: T
Name: LEBKUECHER, JOAN E
Address: 30 LANDS END COURT
City-St-Zip: GLEN CARBON, IL 62034

Title: D
Name: BOONMAN, CORNELIS A
Address: 1029 ROBBINS COURT
City-St-Zip: WHEATON, IL 60187

Title: S
Name: BATES, BRENT A
Address: 3446 VICKSBURG DRIVE
City-St-Zip: EDWARDSVILLE, IL 62025

Title: SVP
Name: KRIEG, KENNETH J
Address: 18 GINGER CREEK
City-St-Zip: GLEN CARBON, IL 62034

Title: SVP
Name: FORNOF, PETER H
Address: 111 CARRINGTON COURT
City-St-Zip: EDWARDSVILLE, IL 62025

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: JOAN E. LEBKUECHER

T

04/17/2012

Electronic Signature of Signing Officer or Director

Date