

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001820

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: EDUCATORS PREFERRED CORPORATION

## Current Principal Place of Business:

26877 NORTHWESTERN HIGHWAY, SUITE 305  
SOUTHFIELD, MI 480348417

## New Principal Place of Business:

## Current Mailing Address:

C/O NFP 787 SEVENTH AVE.  
49TH FLOOR  
NEW YORK, NY 10019

## New Mailing Address:

C/O 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

FEI Number: 38-2365785

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: KELLY, JOSEPH D  
Address: 26877 NORTHWESTERN HIGHWAY, SUITE 305  
City-St-Zip: SOUTHFIELD, MI 480348417

Title: PD ( ) Delete  
Name: BELL, TIMOTHY R  
Address: 26877 NORTHWESTERN HIGHWAY, SUITE 305  
City-St-Zip: SOUTHFIELD, MI 480348417

Title: TSD ( ) Delete  
Name: KELLY, SUZANNE G  
Address: 26877 NORTHWESTERN HIGHWAY, SUITE 305  
City-St-Zip: SOUTHFIELD, MI 480348417

Title: VP ( ) Delete  
Name: LIESER, LORI M  
Address: 500 W. MADISON, STE 3550  
City-St-Zip: CHICAGO, IL 60661

Title: D ( ) Delete  
Name: ZUCCARO, ROBERT  
Address: 787 SEVENTH AVE 11TH FL  
City-St-Zip: NEW YORK, NY 10019

Title: V ( ) Delete  
Name: HINKSON, MALIKA  
Address: 787 SEVENTH AVE 11TH  
City-St-Zip: NEW YORK, NY 10019

## 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: VP (X) Change ( ) Addition  
Name: LIESER, LORI M  
Address: 500 W. MADISON, STE 2400  
City-St-Zip: CHICAGO, IL 60661

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 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: LORI M. LIESER

VP

04/25/2006

Electronic Signature of Signing Officer or Director

Date