

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000454

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: AVALON RISK MANAGEMENT, INC.

## Current Principal Place of Business:

10705 NW 33RD STREET  
STE 120  
MIAMI, FL 33172 US

## New Principal Place of Business:

## Current Mailing Address:

150 NORTHWEST POINT BLVD.  
4TH FLOOR  
ELK GROVE VILLAGE, IL 60007

## New Mailing Address:

FEI Number: 36-4201541      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PUJOL, LESLIE  
10705 NW 33RD STREET  
SUITE 1200  
MIAMI, FL 33172 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: S ( ) Delete  
Name: CHIPMAN, DENISE L  
Address: 611 NATHAN CATTIN LANE  
City-St-Zip: SYCAMORE, IL 60178

Title: DT ( ) Delete  
Name: JACKSON, W SHAUN  
Address: 1495 THE LINKS DRIVE  
City-St-Zip: OAKVILLE, CANADA, L6M ZP2

Title: D ( ) Delete  
Name: STAR, WILLIAM G  
Address: 4470 TUCANA CT. PENTHOUSE 5  
City-St-Zip: MISSISSAUGA, CANADA, L5R 3K8

Title: PD ( ) Delete  
Name: WOLLNEY, SCOTT  
Address: 2434 SWAINWOOD DR.  
City-St-Zip: GLENVIEW, IL 60025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: JACKSON, W SHAUN  
Address: 1495 THE LINKS DRIVE  
City-St-Zip: OAKVILLE, ON L6M 2P2 CN

Title: D (X) Change ( ) Addition  
Name: STAR, WILLIAM G  
Address: 4470 TUCANA CT. PENTHOUSE 5  
City-St-Zip: MISSISSAUGA, ON L5R 3K8 CN

Title: PD (X) Change ( ) Addition  
Name: WOLLNEY, SCOTT D  
Address: 2434 SWAINWOOD DR.  
City-St-Zip: GLENVIEW, IL 60025

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: DENISE L.CHIPMAN

S

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date