

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000454

FILED
Jan 22, 2009
Secretary of State

Entity Name: AVALON RISK MANAGEMENT, INC.

Current Principal Place of Business:

8200 N.W. 52ND TERRACE
SUITE 302
MIAMI, FL 33166 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 ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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: S () Delete
Name: CHIPMAN, DENISE L
Address: 611 NATHAN LATTIN LANE
City-St-Zip: SYCAMORE, IL 60178

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: DP () Change (X) Addition
Name: GELSOMINO, LISA M
Address: 1425 WHITEFENCE
City-St-Zip: BARTLETT, IL 60103

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: DENISE L. CHIPMAN

S

01/22/2009

Electronic Signature of Signing Officer or Director

Date