## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # M0200002152  1. Entity Name CBC INSURANCE REVENUE SECURITIZATION, LLC					04-23-2007 9037	6 005 ****5	50.00	
Principal Place of Business 2100 ROSS AVE. , SUITE 2200 DALLAS, TX 75201		Mailing Address 102 S WYNSTONE PARK DR BARRINGTON, IL 60010			60039096			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2100 Ross Aue.						
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2200		04132007	Chg-LLC CR2	E083 (12/06)		
City & State		DALLAS, TX			4. FEI Number Applied For 73-1652928 Not Applicable			
Zip Country		Zip Country 75201 USA			5. Certificate of Status Desired S5.00 Additional Fee Required			
	6. Name and Address of Current I	<del></del>		7. Name an	d Address of New Register			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)				
			City				-	
				FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
<del>- · · · · · · · · · · · · · · · · · · ·</del>								
Filing Fee Is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHANG	ES		
TITLE	MGRM	☐ Delete	TITLE	MERM	onsulting;	Change	☐ Addition	
NAME STREET ADDRESS	CLARKCONSULTING, INC 102 S WYNSTONE PARK DR		NAME STREET ADDRESS	CLARE C	SS AUR - Sto	unc.		
CITY-ST-ZIP	BARRINGTON, IL 60010				TX 7520			
TITLE		☐ Delete	TITLE	<i>D</i> /// CC/// )	17 1320	Change	Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:
SUS AY LINDER
SIGNATURE AND PAPED OF PAINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

214-661-3543

## ATTACHMENT

### CBC INSURANCE REVENUE SECURITIZATION, LLC

Member Managed - Clark Consulting, Inc.

73-1652928

**OFFICERS** 

Name: Title:

**Kurt Laning** President

**Business Addr:** 

333 West Wacker Drive, Suite 810

Chicago, IL 60606

Name: Title:

Kevin Ballou Vice President

Business Addr:

702 Russell Avenue, Suite 410

Gaithersburg, MD 20877

Name: Title:

Susan Linder Secretary

Business Addr:

2100 Ross Ave., Suite 2200

Dallas, TX 75201

Name: Title:

Ken Turnquist Vice President

Business Addr:

4333 Edgewood Road NE

Cedar Rapids, IA 52499

Name:

Title:

James R. Trefz Vice President

Business Addr:

4333 Edgewood Road NE

Cedar Rapids, IA 52499

#### **DIRECTORS**

Name: Title:

**Kurt Laning** Director

Business Addr:

333 West Wacker Drive, Suite 810

Chicago, IL 60606

Name: Title:

Ken Turnquist Director

Business Addr:

4333 Edgewood Road NE

Cedar Rapids, IA 52499

Name:

Orlando Figgaroa

Title:

Director Business Addr:

Name:

Kevin Ballou

Title:

Director

Business Addr:

702 Russell Avenue, Suite 410

Gaithersburg, MD 20877

Name:

Dick Christansen

Title: Business Addr: Director