## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000003544

Apr 21, 2004 Secretary of State

Entity Name: NORTH AMERICAN COMPASS INSURANCE SERVICES GROUP, LLC

**Current Principal Place of Business: New Principal Place of Business:** 

7711 O'CONNOR DRIVE, STE. 509 9424 S TURNER

ROUND ROCK, TX 78681 EVERGREEN PARK, IL 60805

**Current Mailing Address: New Mailing Address:** 

10644 GEIST RIDGE CT. FORTVILLE, IN 46040

FEI Number: 11-3702968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

**BUSINESS FILINGS INCORPORATED** 660 E. JEFFERSON STREET TALLAHASSEE, FL 32301

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:

Name:

Electronic Signature of Registered Agent Date

Name:

## **MANAGING MEMBERS/MEMBERS:**

ADDITIONS/CHANGES:

MGRM () Delete MGR (X) Change ( ) Addition

HALSEBUSCH, R. PAUL SADER, PHIL D Address: 7711 O'CONNOR DRIVE, STE. 509 Address: 9424 S TURNER

City-St-Zip: ROUND ROCK, TX 78681 City-St-Zip: EVERGREEN PARK, IL 60805

Title: Title: MGR ( ) Change (X) Addition () Delete Name:

Name: STANLEY, SUMMER S Address: Address: 10644 GEIST RIDGE COURT City-St-Zip: City-St-Zip: FORTVILLE, IN 46040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUMMER STANLEY 04/21/2004