2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# M06000001766

Entity Name: HUB INTERNATIONAL NORTHWEST LLC

Current Principal Place of Business:

11714 NORTHCREEK PARKWAY NORTH, STE. 102
BOTHELL, WA 98011

New Principal Place of Business:

12100 NE 195TH STREET
SUITE 200
BOTHELL, WA 98011

Current Mailing Address:

PO BOX 3018
BOTHELL, WA 980413018

New Mailing Address:

12100 NE 195TH STREET
SUITE 200
BOTHELL, WA 98011

FEI Number: 91-2036015 **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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HUB U.S. HOLDINGS, I, NC.
Address: 55 EAST JACKSON BLVD.
City-St-Zip: CHICAGO, IL 60604

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUB INTERNATIONAL U., S. HOLDINGS, I N C.
Address: 55 EAST JACKSON BLVD.
City-St-Zip: CHICAGO, IL 60604

Title: VP ( ) Change (X) Addition
Name: ROMICK, JASON M
Address: 55 EAST JACKSON BLVD.
City-St-Zip: CHICAGO, IL 60604

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 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: JASON M. ROMICK VP 04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date