

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M80456

FILED
Jan 20, 2009
Secretary of State

Entity Name: FACT RISK SERVICES CORP.

Current Principal Place of Business:

2801 E EMPIRE ST.
2801 EAST EMPIRE
BLOOMINGTON, IL 61704 US

New Principal Place of Business:

Current Mailing Address:

ATTN: ROBERT MATHEWSON
P.O. BOX 157
BLOOMINGTON, IL 617020157 US

New Mailing Address:

FEI Number: 36-3582226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: SCD () Delete
Name: BLISS, JAMES
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: PD () Delete
Name: MCKNIGHT, JOHN
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: STVP () Delete
Name: MATHEWSON, ROBERT
Address: 2801 E EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: SHEPARD, ROBERT
Address: 2801 EAST EMPIRE
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: ANDREWS, KRIS
Address: 2801 EAST EMPIRE
City-St-Zip: BLOOMINGTON, IL 61704 US

Title: VP () Delete
Name: LUDWIG, RACHELLE
Address: 2801 EAST EMPIRE
City-St-Zip: BLOOMINGTON, IL 61704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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

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: ROBERT MATHEWSON

STVP

01/20/2009

Electronic Signature of Signing Officer or Director

Date