2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2012
Secretary of State

DOCUMENT# M80456

Entity Name: FACT RISK SERVICES CORP.

Current Principal Place of Business:

2801 E EMPIRE ST.
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

OFFICERS AND DIRECTORS:

Title: SCD
Name: BLISS, JAMES
Address: 2801 E. EMPIRE ST.
City-St-Zip: BLOOMINGTON, IL 61704 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MATHEWSON STVP 01/27/2012

Electronic Signature of Signing Officer or Director — Date