

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99964

1. Entity Name

ALLIANCE RISK SERVICES CORP.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90317 042 ***150.00

Principal Place of Business

2801 E EMPIRE ST.
P.O. BOX 157
BLOOMINGTON IL 61702-0157
US

Mailing Address

ATTN ROBERT MATHEWSON
P.O. BOX 157
BLOOMINGTON IL 61702-0157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 37-1239085

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BLISS, JAMES I.
STREET ADDRESS 2801 E. EMPIRE ST.
CITY-ST-ZIP BLOOMINGTON IL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME MCKNIGHT, JOHN J.
STREET ADDRESS 2801 E. EMPIRE ST.
CITY-ST-ZIP BLOOMINGTON IL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VST
NAME MATHEWSON, ROBERT E.
STREET ADDRESS 2801 E EMPIRE STREET
CITY-ST-ZIP BLOOMINGTON IL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MENTZER, ROBERT E.
STREET ADDRESS 2801 E. EMPIRE STREET
CITY-ST-ZIP BLOOMINGTON IL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME NAYLOR, DANNY
STREET ADDRESS 2801 E EMPIRE
CITY-ST-ZIP BLOOMINGTON IL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME BARR, CARY
STREET ADDRESS 2801 EAST EMPIRE
CITY-ST-ZIP BLOOMINGTON IL 61704 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)