

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -7 PM 12:50

DOCUMENT # N97000007212

1. Entity Name  
THE FLORIDA INSURANCE FORUM, INC.



Principal Place of Business  
112 S WEST STREET  
4TH FLOOR  
ALEXANDRIA, VA 22314 US

Mailing Address  
112 S WEST STREET  
4TH FLOOR  
ALEXANDRIA, VA 22314 US

REINSTATEMENT 06



10252006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business  
127 S. Peyton Street  
Suite, Apt. #, etc.  
#210

3. Mailing Address  
127 S. Peyton Street  
Suite, Apt. #, etc.  
#210

City & State  
Alexandria, VA

City & State  
Alexandria, VA

4. FEI Number  
54-1882908

Applied For  
Not Applicable

Zip  
22314

Country  
USA

Zip  
22314

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPAMERICA, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE DT ☒ Delete  
NAME WAFLE, MARK  
STREET ADDRESS 3100 AMS BOULEVARD  
CITY-ST-ZIP GREENBAY, WI 54313

TITLE DS ☒ Delete  
NAME TOOMEN, LEE  
STREET ADDRESS 7440 WOODLAND HILLS DR  
CITY-ST-ZIP INDIANAPOLIS, IN 46279

TITLE CDP ☐ Delete  
NAME ETERNO, MARIANNE  
STREET ADDRESS 1275 MILWAUKEE AVE  
CITY-ST-ZIP GLENVIEW, IL 60025

TITLE P ☐ Delete  
NAME ETERNO, MARIANNE  
STREET ADDRESS 1275 MILWAUKEE AVE  
CITY-ST-ZIP GLENVIEW, IL 60025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition  
NAME J. P. Wieske  
STREET ADDRESS 127 S. Peyton St.  
CITY-ST-ZIP Alexandria, VA 22314

TITLE DS ☒ Change ☐ Addition  
NAME Mike Hampton  
STREET ADDRESS 7440 Woodland Dr.  
CITY-ST-ZIP Indianapolis, IN 46279

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100081576521  
11/07/06--01018--002 \*\*\$61.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Marianne Eterno

Date

Daytime Phone #

10/30/06 847.460.4765