

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000024562

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: NORTHERN ANNUITY SALES, INC.

**Current Principal Place of Business:**

700 BRICKELL AVE.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

700 BRICKELL AVE.  
ATTN: JIM SULLIVAN  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 65-0997797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, JAMES  
700 BRICKELL AVE.  
MIAMI, FL 33131      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: D      ( ) Delete  
Name: HIEMENZ, KENT C  
Address: 50 S LASALLE  
City-St-Zip: CHICAGO, IL 60603

Title: D      ( ) Delete  
Name: SULLIVAN, JAMES  
Address: 700 BRICKELL AVE.  
City-St-Zip: MIAMI, FL 33131

Title: D      ( ) Delete  
Name: MAIRS, DEBRA  
Address: 181 W MADISON  
City-St-Zip: CHICAGO, IL 60603

**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:

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: JAMES R SULLIVAN

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01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date