2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2010
Secretary of State

DOCUMENT# P02000084315

Entity Name: AFFILIATED INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

801 N. ORANGE AVE.
SUITE 810
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

C/O NFP, 500 W. MADISON ST.
STE. 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 05-0526829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: PSTD
Name: CASH, JOHN T III
Address: 801 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: SCHNEIDER, BRETT
Address: 340 MADISON AVE., 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: VP
Name: LIESER, LORI M
Address: 500 W. MADISON ST., SUITE 2400
City-St-Zip: CHICAGO, IL 60661

Title: D
Name: CASH, JOHN T JR
Address: 801 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

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: LORI M. LIESER VP 04/28/2010

Electronic Signature of Signing Officer or Director Date