## P. 3.7572

(Re	equestor's Name)		
(Ad	Idress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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## PREMIER CORPORATE SERVICES, INC.

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200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556

Fax: (312) 346-3607

April 13, 2006

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State 409 E. Gaines Street Tallahassee, FL 32399

RE: National Insurance Crime Bureau

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the form to change the registered agent/office for the above caption in your state. Also enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Anthony Alexander

AA/ch. Encl.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.05	02, 607.1508, or 617.1508, Florida Statutes, th	is statement of
change is submitted for a corporation organized under the laws of the State of			in order
to change its reg	gistered office or registered agent, or bo	th, in the State of Florida.	
1. The name of	the corporation: National Insurance (	Crime Bureau, INC.	
2. The principal	office address: 10330 S. Roberts Road	d, Palos Hills, IL 60465	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 02/17/1992	Document number: P37572	
	d street address of the current registered rument of State:	agent and registered office on file with the	SECRETARY DIVISION OF CO 06 APR 17
	Prentice Hall Corporation System		为一
	1201 Hays Street		7 P
	Tallahassee, FL 32301-2525		ARY OF CHRATIONS
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	31
	NRAI Services, Inc.		
	526 E. Park Avenue		
	(P.O. Box or personal	l mailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street addrehanged will be	ess of its registered office and the stree e identical.	et address of the business office of its registere	ed agent, as
Such change w the board, or th	as authorized by resolution duly adopt e corporation has been notified in writ	ed by its board of directors or by an officer soing of the change.	authorized by
Icho	Signature of an officer or director)	Robert H. Mason, VP. Gene (Printed or typed name and title	eral Counsel
I further agree duties, and I an being filed mer	n familiar with and accept the obligatively to reflect a change in the registered writing of this change.	and agree to act in this capacity. atutes relative to the proper and complete per on of my position as registered agent. Or, if i d office address, I hereby confirm that the cor	this document is
by: mut	(Anghature of Registered Agent)	4/11/06 (Date)	
If signing on be	chalf of an entity:		
Anthony J. Al	exander	Assistant Secretary	
	(Typed or Printed Name)	(Capacity)	_

\* \* \* FILING FEE: \$35.00 \* \* \*