

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P37572

FILED
Jan 02, 2008
Secretary of State

Entity Name: NATIONAL INSURANCE CRIME BUREAU, INC.

Current Principal Place of Business:

10330 S ROBERTS RD
PALOS HILLS, IL 60465

New Principal Place of Business:

1111 E. TOUHY AVENUE
SUITE 400
DES PLAINES, IL 60018

Current Mailing Address:

10330 S ROBERTS RD
PALOS HILLS, IL 60465

New Mailing Address:

1111 E. TOUHY AVENUE
SUITE 400
DES PLAINES, IL 60018

FEI Number: 36-3776789 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

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: ALINA SILVERS, ASSISTANT SECRETARY

01/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BRYANT, ROBERT M
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: VP () Delete
Name: JACHNICKI, ROBERT J
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: VPGC () Delete
Name: MASON, ROBERT H
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

Title: VP () Delete
Name: VISCONI, FRANK J
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

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:

Title: VP (X) Change () Addition
Name: ABBOTT, DANIEL G
Address: 1111 E. TOUHY AVENUE, SUITE 400
City-St-Zip: DES PLAINES, IL 60018

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H. MASON

VPGC

01/02/2008

Electronic Signature of Signing Officer or Director

Date