2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002954

Entity Name: CHASE INSURANCE AGENCY SERVICES, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
111 E. WISCONSIN AVE., SUITE 1100 MILWAUKEE, WI 53202				111 E. WISCONSIN AVENUE WI1-1100 MILWAUKEE, WI 53202		
Current Mailing Address:				New Mailing Address:		
111 E. WISCONSIN AVE., SUITE 1100 MILWAUKEE, WI 53202				10 SOUTH DEARBORN IL1-0308 CHICAGO, IL 60603		
FEI Number: 39-1610807 FEI Number Applied For () FEI Nu			FEI Nun	mber Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Agent:
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
The above in the State		submits this statement for the pu	rpose o	f changing it	s registered of	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Agen	it			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BURGER, COR 1111 POLARIS COLUMBUS, OI	PKWY SUITE OHI-1062 H 43240		Title: Name: Address: City-St-Zip:	BURGER, CORI 1111 POLARIS COLUMBUS, OF	PARKWAY OHI-1062 H 43240
Title: Name: Address: City-St-Zip:	DOCTER, JOHN	CONSIN AVE WI1-2010		Title: Name: Address: City-St-Zip:	BARRELL, DAV	CHRISTIANA ROAD DE3-1560
Title: Name: Address: City-St-Zip:	FINK, MARK J	Delete ALNUT ST DEI-1170 DE 19801		Title: Name: Address: City-St-Zip:	FINK, MARC J	Change () Addition NLNUT ST DE1-1072 DE 19801
Title: Name: Address: City-St-Zip:	DP () PANTALEO, LA 270 PARK AVE NEW YORK, N	NYI-K280		Title: Name: Address: City-St-Zip:	DP (X) PANTALEO, LAI 270 PARK AVEI NEW YORK, NY	NUE NYI-K280
Title: Name: Address: City-St-Zip:	TERWILLEGER	RBORN IL1-0290		Title: Name: Address: City-St-Zip:	FURASH, AMY Î	PARKWAY OH1-0205
Title: Name: Address: City-St-Zip:	DROZEK, FRAN	RBORN IL1-0290		Title: Name: Address: City-St-Zip:	JORDAN, MARÍ	RBORN IL1-0290

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: MARIE I JORDAN S 04/06/2009