

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003306

FILED
Apr 24, 2008
Secretary of State

Entity Name: ECC INSURANCE BROKERS, INC.

Current Principal Place of Business:

1211 W. 22ND STREET
SUITE 512
OAK BROOK, IL 60523

New Principal Place of Business:

1211 W. 22ND STREET
SUITE 512
OAKBROOK, IL 60523

Current Mailing Address:

1211 W. 22ND STREET
SUITE 512
OAK BROOK, IL 60523

New Mailing Address:

1211 W. 22ND STREET
SUITE 512
OAKBROOK, IL 60523

FEI Number: 20-2146964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: REAL, DANIEL S
Address: 1211 W. 22ND STREET, SUITE 512
City-St-Zip: OAK BROOK, IL 60523

Title: V,D () Delete
Name: BROWN, J. POWELL
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V,S () Delete
Name: GRAMMIG, LAUREL L
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V,AS () Delete
Name: DONEGAN, JR., THOMAS M
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: WALKER, CORY T
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: FAILLA, JOSEPH
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROTH, ROB
Address: 1211 W. 22ND STREET, SUITE 512
City-St-Zip: OAKBROOK, IL 60523

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: () 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: LAUREL L. GRAMMIG

S

04/24/2008

Electronic Signature of Signing Officer or Director

Date