

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005099

FILED
Apr 29, 2009
Secretary of State

Entity Name: OLD REPUBLIC DIVERSIFIED SERVICES, INC.

Current Principal Place of Business:

400 SECOND AVE SOUTH
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

400 SECOND AVE SOUTH
MINNEAPOLIS, MN 55401

New Mailing Address:

FEI Number: 41-1314351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, SCOTT
100 S ASHLEY DRIVE STE 700
TAMPA, FL 33602 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: CP () Delete
Name: YEAGER, RANDE K
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DS () Delete
Name: WOLD, DANIEL M
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: DV () Delete
Name: HORN, GARY J
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: T () Delete
Name: TARPEY, MICHAEL T
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONNOR, PATRICK
Address: 141 EAST TOWN STREET, STE 101
City-St-Zip: COLUMBUS, OH 43215

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DSVP (X) Change () Addition
Name: HORN, GARY J
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: YEAGER, RANDE K
Address: 400 SECOND AVE SOUTH
City-St-Zip: MINNEAPOLIS, MN 55401

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: MICHAEL TARPEY

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date