

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004117

FILED
Feb 15, 2012
Secretary of State

Entity Name: D.C.I. INSURANCE AGENCY INC.

Current Principal Place of Business:

11532 W 183RD ST SUITE SW
ORLAND PARK, IL 60467

New Principal Place of Business:

Current Mailing Address:

11532 W 183RD ST SUITE SW
ORLAND PARK, IL 60467

New Mailing Address:

FEI Number: 20-5280521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: CONSTANTINE, DANIEL R
Address: 11532 W 183RD ST SUITE SW
City-St-Zip: ORLAND PARK, IL 60467

Title: DVP
Name: CONSTANTINE, DAVID J
Address: 11532 W 183RD ST SUITE SW
City-St-Zip: ORLAND PARK, IL 60467

Title: DS
Name: CONSTANTINE, CARRIE A
Address: 11532 W 183RD ST SUITE SW
City-St-Zip: ORLAND PARK, IL 60467

I hereby 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 all other like empowered.

SIGNATURE: DANIEL R. CONSTANTINE

DPT

02/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date