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Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90170 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 196817

1. Corporation Name
AON RISK SERVICES, INC. OF FLORIDA

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DRIVE SUITE 1100 MIAMI FL 33131 US	TAX DEPT P.O. BOX 8264 CHICAGO IL 60680 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 10/15/1956

4. FEI Number: 59-0876526 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BURK, LAWRENCE E		1.2 NAME	Alan R. Diamond	
STREET ADDRESS	6 SEMINOLE WAY		1.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	CHATHAM NJ		1.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	P	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	DAVIS, KENNETH J		2.2 NAME	Terry L. Wilcox	
STREET ADDRESS	123 N WACKER DR		2.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL 6060		2.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	VP	☒ DELETE	3.1 TITLE	V.	☐ Change ☒ Addition
NAME	FYDA, SUSAN		3.2 NAME	Jerome I. Baer	
STREET ADDRESS	123 N WAKCER DR		3.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL 60606		3.4 CITY-ST-ZIP	Chicago, IL 60606	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JESCHKE, ARLENE		4.2 NAME		
STREET ADDRESS	123 N WACKER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE	EXV	☒ Change ☐ Addition
NAME	BELTRAN, JUAN E.		5.2 NAME	Beltran, Juan E.	
STREET ADDRESS	380 LEUCADENDRA DR.		5.3 STREET ADDRESS	380 Leucadendra Dr.	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	Coral Gables, FL	
TITLE		☐ DELETE	6.1 TITLE	DV	☐ Change ☒ Addition
NAME			6.2 NAME	Noel Lee Dunn	
STREET ADDRESS			6.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Chicago, IL 60606	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 04/28/99 (312) 701-3670
SIGNATURE Date Daytime Phone #
JEROME I. BAER / V.P.-TAXES

CR2E034 (11/98)