

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 196817

FILED
Apr 20, 2006
Secretary of State

Entity Name: AON RISK SERVICES, INC. OF FLORIDA

Current Principal Place of Business:

200 E RANDOLPH STREET
CHICAGO, IL 60601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8264
TAX DEPT.
CHICAGO, IL 606808264 US

New Mailing Address:

FEI Number: 59-0876526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BARRY, RICHARD E
Address: 200 E RANDOLPH
City-St-Zip: CHICAGO, IL 60601

Title: AVP () Delete
Name: VODZIAK, RICHARD L
Address: 200 E RANDOLPH
City-St-Zip: CHICAGO, IL 60601

Title: T () Delete
Name: AIGOTTI, DIANE M
Address: 200 E RANDOLPH
City-St-Zip: CHICAGO, IL 60601

Title: S () Delete
Name: KRAFT, JENNIFER L
Address: 200 E RANDOLPH ST
City-St-Zip: CHICAGO, IL 60601

Title: D () Delete
Name: DUNN, NOEL LEE
Address: 200 E RANDOLPH ST
City-St-Zip: CHICAGO, IL 60601

Title: P () Delete
Name: WILLCOX, TERRY
Address: 200 E RANDOLPH ST
City-St-Zip: CHICAGO, IL 60601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD L. VODZIAK

AVP

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date