

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 824646 (4)

1. Corporation Name
HULL AND CARGO SURVEYORS, INC.



Principal Place of Business Mailing Address
%TAX DIVISION 11TH FL 180 MAIDEN LANE NEW YORK, NYL 10038

3. Date Incorporated or Qualified **06/09/1970** 3a. Date of Last Report **05/01/1995**
4. FEI Number **13-2646082** Applied For Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **CNA Plaza** 26 **Statutory Reports**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 **CNA Plaza**
23 **Chicago, IL** 28 **Chicago, IL**
24 Zip 25 Country 29 Zip 30 Country
60685 USA 60685 USA

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HABER, MARTIN D.	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONNEY, TIM E.	
STREET ADDRESS	ONE CONTINENTAL DR	
CITY-ST-ZIP	CRANBURY NJ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	PRENDERGAST, THOMAS	
STREET ADDRESS	ONE CONTINENTAL DRIVE	
CITY-ST-ZIP	CRANBURY NJ	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	WILDISH, RODERIC J.	
STREET ADDRESS	ONE CONTINENTAL DR.	
CITY-ST-ZIP	CRANBURY NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	LEMOLE, DANIEL A JR	
STREET ADDRESS	180 MAIDEN LANE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ENGLERT, JURGEN W	
STREET ADDRESS	ONE CONTINENTAL DRIVE	
CITY-ST-ZIP	CRANBURY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Donald M. Lowry	
13 STREET ADDRESS	CNA Plaza	
14 CITY-ST-ZIP	Chicago, IL 60685	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Ronald G. Thornton	
33 STREET ADDRESS	CNA Plaza	
34 CITY-ST-ZIP	Chicago, IL 60685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Daniel J. Rohan	
43 STREET ADDRESS	CNA Plaza Chicago, IL 60685	
44 CITY-ST-ZIP		
51 TITLE	AVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Pamela S. Dempsey	
53 STREET ADDRESS	CNA Plaza Chicago, IL 60685	
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel J. Rohan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Rohan 6/28/96 312 822-5105

CR2E034 (3/96)

824646

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HULL & CARGO SURVEYORS, INC.

OFFICERS

Chairman of the Board
President
Senior Vice President, Secretary
& General Counsel
Vice President
Vice President & Controller
Vice President
Vice President
Assistant Vice President & Treasurer
Assistant Secretary
Assistant Secretary
Assistant Secretary

Ronald G. Thornton*
Tim E. Donney*

Donald M. Lowry
Jose Guerrero*
Patricia L. Kubera
Joseph McLaughlin
Thomas J. Prendergast
Pamela S. Dempsey
Mary A. Ribikawskis
Robert D. Winkenbach
Daniel J. Rohan

DIRECTORS

Tim E. Donney*
Jose Guerrero*
Donald M. Lowry
Thomas J. Prendergast*
Ronald G. Thornton*

*Located at:

One Continental Dr.
Cranbury, NJ

All others located at:

CNA Insurance Cos.
CNA Plaza
Chicago, IL 60685

Joseph McLaughlin
100 CNA Dr.
Nashville, TN 37214-3439