

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90971 050 ***150.00

RECEIVED AT

DOCUMENT # F01000004604

1. Entity Name
GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.



Principal Place of Business
**820 GESSNER, SUITE 1000
HOUSTON TX 77024**

Mailing Address
**820 GESSNER, SUITE 1000
HOUSTON TX 77024**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **76-0681232**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GALTNEY, WILLIAM F JR.	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, CRY S O	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLOHERTY, MICHAEL J	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAZZARO, JACK H	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRANIFF, JAMES J III	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	V	<input type="checkbox"/> Delete
NAME	FASONE, JAMES M	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C. Rosenfer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Treasurer** **2-17-03** **1030/773-3800**
Date Daytime Phone #

CR2E034 (10/02)