



2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90211 002 ***150.00

DOCUMENT # F0600007709			
1. Entity Name ONECIS INSURANCE COMPANY			
Principal Place of Business 580 WATERS EDGE - STE 210 OAK CREEK CENTER LOMBARD, IL 60148-6432		Mailing Address % US LABORATORIES INC 11860 W STATE RD 84 - STE 1 FT LAUDERDALE, FL 33325	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o ORRICK, ATTN: B. HAIMES	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 666 FIFTH AVE., #2139	
City & State		City & State NEW YORK, NY	
Zip	Country	Zip	Country
10103	USA	10103	USA
4. FEI Number 36-2738349		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DICKERSON C	NAME	
STREET ADDRESS	% US LAB INC-11860 W STATE RD 84-STE 1	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33325	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONG, RICHARD	NAME	
STREET ADDRESS	% US LAB INC-11860 W STATE RD 84-STE 1	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33325	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIMES, BURTON K	NAME	
STREET ADDRESS	666 FIFTH AVE	STREET ADDRESS	c/o ORRICK, 666 FIFTH AVE., #2139
CITY-ST-ZIP	NEW YORK, NY 101030001	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARDAN, FRANCOIS	NAME	
STREET ADDRESS	17 BIS PL DES REFLETS, LA DEFENSE 2, 92400	STREET ADDRESS	17 BIS, PL DES REFLETS - LA DEFENSE 2
CITY-ST-ZIP	COURBEVOIE, FRANCE,	CITY-ST-ZIP	COURBEVOIE, FRANCE 92400
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RZONCA, GREGORY F	NAME	
STREET ADDRESS	%ROBERT HUNT CO-580 WATERS EDGE-STE 201	STREET ADDRESS	
CITY-ST-ZIP	LOMBARD, IL 601486432	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEKE, DENNIS	NAME	
STREET ADDRESS	%ROBERT HUNT CO-580 WATERS EDGE-STE 201	STREET ADDRESS	
CITY-ST-ZIP	LOMBARD, IL 601486432	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Burton K. Haimes	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-26-07 (212) 506-5055 Daytime Phone #	

ATTACHMENT

40086699

DOCUMENT #F06000007709

Entity Name: ~~ONECIS INSURANCE COMPANY~~

Annex to Florida 2007 For Profit Corporation Annual Report

Block 11 – Additional Officers

Title FINANCIAL CONTROLLER
Name DAMASCENO, LUIS
Address 11860 W. STATE ROAD 84, STE. 1
FORT LAUDERDALE, FL 33325

Title VICE PRESIDENT
Name MONDELLO, JANICE
Address ONE BEACON STREET, 13TH FLOOR
BOSTON, MA 02108

Title DIRECTOR
Name CHIPPAS, STEPHEN J.
Address 580 WATERS EDGE, SUITE 201
LOMBARD, IL 60148