

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F94000001956 (1)**

1. Corporation Name  
**ZENITH ADMINISTRATORS, INC.**



Principal Place of Business: **111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001**  
Mailing Address: **303 EAST OHIO ST SUITE 2600 CHICAGO IL 60611-3346 US**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>04/15/1994</b>   | 3a. Date of Last Report<br><b>02/15/1996</b>           |
| 4. FEI Number<br><b>52-1590516</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

|  |
|--|
| 10. Name and Address of New Registered Agent           |
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | DELETED                  |
|----------------------------|-------------------------------------|--------------------------|
| TITLE                      | <b>CEO</b>                          | <input type="checkbox"/> |
| NAME                       | <b>GEORGINE, ROBERT A</b>           |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |
| TITLE                      | <b>P</b>                            | <input type="checkbox"/> |
| NAME                       | <b>LUCE, JAMES W</b>                |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |
| TITLE                      | <b>ST</b>                           | <input type="checkbox"/> |
| NAME                       | <b>NULL, LESTER H SR</b>            |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |
| TITLE                      | <b>V</b>                            | <input type="checkbox"/> |
| NAME                       | <b>POLLOCK, JEROME P</b>            |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |
| TITLE                      | <b>V</b>                            | <input type="checkbox"/> |
| NAME                       | <b>ENG, GARY</b>                    |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |
| TITLE                      | <b>V</b>                            | <input type="checkbox"/> |
| NAME                       | <b>KALAHAR, DEAN</b>                |                          |
| STREET ADDRESS             | <b>111 MASSACHUSETTS AVE., N.W.</b> |                          |
| CITY - ST - ZIP            | <b>WASHINGTON DC 20001</b>          |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY - ST - ZIP                                   |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY - ST - ZIP                                   |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY - ST - ZIP                                   |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY - ST - ZIP                                   |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY - ST - ZIP                                   |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY - ST - ZIP                                   |  |                          |                          |

14. I do 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.

SIGNATURE: *Joann M Kaminski* **JAN 13 1997 312) 649-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

**Zenith Administrators, Inc.**

**FEIN: 52-1590516**

**Listing of Officers & Directors**

**OFFICERS:**

**Chairman & Chief Executive Officer**

**Robert A. Georgine  
(353-22-5739)  
111 Massachusetts Ave. NW  
Washington, DC. 20001**

**President**

**James W. Luce  
(002-34-8533)  
111 Massachusetts Ave. NW  
Washington, DC. 20001**

**Secretary-Treasurer**

**Lester H. Null, Sr.  
(435-40-4218)  
111 Massachusetts Ave. NW  
Washington, DC. 20001**

**Executive Vice President**

**Jerome P. Pollock  
(473-52-2732)  
7645 Metro Blvd.  
Minneapolis, MN. 55435**

**Sr. Vice President &  
General Manager - Central**

**Gary L. Eng  
(223-58-8349)  
303 East Ohio Street  
Chicago, Il. 60611**

**Sr. Vice President &  
General Manager - Western**

**Dean Kalahar  
(537-36-6367)  
201 Queen Anne Ave. N  
Seattle, WA. 98109**

**Vice President, Council &  
Assistant Secretary**

**Joseph A. Carabillo  
(153-36-9848)  
111 Massachusetts Ave. NW  
Washington, DC. 20001**

**Vice President**

**Donald Meyers  
(549-42-8626)  
6221 Geary Blvd.  
San Francisco, CA. 94121**

**Vice President, Controller**

**Joann M. Kaminski  
(347-60-3590)  
303 East Ohio Street  
Chicago, IL. 60611**

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7645 Metro Blvd.  
Minneapolis, MN. 55435**

**Vice President**

**Donald Meyers  
(549-42-8626)  
6221 Geary Blvd.  
San Francisco, CA. 94121**

**Director**

**James F. M. McNulty  
(104-14-9448)  
111 Massachusetts Ave. NW  
Washington, DC. 20001**