

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000005338 (8)**

1. Corporation Name
CHS INSURANCE SERVICES, INC.



Principal Place of Business: **800 PARKVIEW BLVD. LOMBARD IL 60148**
Mailing Address: **800 PARKVIEW BLVD. LOMBARD IL 60148**

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

3. Date Incorporated or Qualified: **10/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **76-0438471**
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

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: **FL**

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 and the following: _____ (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMKO, WILLIAM J	1.2 NAME	
STREET ADDRESS	957 AVIR CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH 43230	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, D'RAY	2.2 NAME	
STREET ADDRESS	981 GRANDON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43209	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTOS, STEPHEN G	3.2 NAME	
STREET ADDRESS	41 TRINITY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRANVILLE OH 43023	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DALE W	4.2 NAME	
STREET ADDRESS	1960 GREENSBORO DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43220	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWYER, CATHERINE T	5.2 NAME	
STREET ADDRESS	174 N. MOUNTAIN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTCLAIR NJ 07042	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCH, ROBERT	6.2 NAME	
STREET ADDRESS	5858 NIKE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HILLIAND OH 43026	6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3/22/96** TELEPHONE: **614 470 8039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)