

**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** *c/o BISYS*  
Suite, Apt. #, etc.: **27** *3436 Stelzer Rd.*  
City & State: **28** *Columbus, Ohio*  
Zip: **29** *43219* 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 fee, if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE \_\_\_\_\_

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/22/96*

*614 470 8039*

CR2E034 (12/95)