

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 22 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 # F96000000988 (3)

1. Corporation Name
 AON RISK SERVICES, INC. OF OREGON

Principal Place of Business
 123 N. WACKER DR.
 CHICAGO IL 60606

Mailing Address
 123 N. WACKER DR.
 CHICAGO IL 60606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/27/1996		3a.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		93-0599649		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		29		<input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Country		Country		<input type="checkbox"/> Yes <input type="checkbox"/> No			
25		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, RICHARD M	1.2 NAME	
STREET ADDRESS	1211 SW FIFTH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-3799	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNGER, DANIEL F	2.2 NAME	
STREET ADDRESS	123 N. WACKER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUERN, ARTHUR F	3.2 NAME	DIRECTOR
STREET ADDRESS	123 N. WACKER DR.	3.3 STREET ADDRESS	RON W. FORREST
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	123 N. WACKER DR.
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACIA, JOHN F	4.2 NAME	
STREET ADDRESS	123 N. WACKER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	CEOP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRLING, DOUGLAS S	5.2 NAME	
STREET ADDRESS	1211 SW FIFTH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97204-3799	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABIN, PAUL I	6.2 NAME	T
STREET ADDRESS	123 N. WACKER DR.	6.3 STREET ADDRESS	ARLENE H. HARDY
CITY-ST-ZIP	CHICAGO IL 60606	6.4 CITY-ST-ZIP	123 N WACKER DR.

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: _____ Susan M. Fuda 8:15 97 312-70-3975

CFR2E034 (4/97)