

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P O BOX 8264 CHICAGO IL 60606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip 60680
24 Country	29 Country
25 Country	30 Country

3. Date Incorporated or Qualified 02/27/1996	
4. FEI Number 93-0599649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DC	<input type="checkbox"/> DELETE
NAME COLE, RICHARD M	
STREET ADDRESS 1211 SW FIFTH AVE.	
CITY-ST-ZIP PORTLAND OR 97204-3799	
TITLE DV	<input type="checkbox"/> DELETE
NAME HUNGER, DANIEL F	
STREET ADDRESS 123 N. WACKER DR.	
CITY-ST-ZIP CHICAGO IL 60606	
TITLE D	<input type="checkbox"/> DELETE
NAME FORREST, RON W	
STREET ADDRESS 123 N. WACKER DR.	
CITY-ST-ZIP CHICAGO IL	
TITLE D	<input type="checkbox"/> DELETE
NAME SACIA, JOHN F	
STREET ADDRESS 123 N. WACKER DR.	
CITY-ST-ZIP CHICAGO IL 60606	
TITLE CEOP	<input type="checkbox"/> DELETE
NAME STIRLING, DOUGLAS S	
STREET ADDRESS 1211 SW FIFTH AVE.	
CITY-ST-ZIP PORTLAND OR 97204-3799	
TITLE T	<input type="checkbox"/> DELETE
NAME HARDY, ARLENE H	
STREET ADDRESS 123 N. WACKER DR.	
CITY-ST-ZIP CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Susan Fyda
Asst. U.P. - Taxes
123 N. Wacker Dr.
Chicago, IL 60606

14. I 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

CR2E034 (10/97)