

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90170 047 ***150.00

03/20/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000000988

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 60690
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number
93-0599649

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" 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	

1.1 TITLE	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Addition
3.2 NAME	V. Jerome I. Baer
3.3 STREET ADDRESS	123 N. Wacker Dr.
3.4 CITY-ST-ZIP	Chicago, IL 60606
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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

04/28/99 312 701-3640

SIGNATURE

JEROME I. BAER / V.P. TAXES

Date

Daytime Phone #

CR2E034 (1/198)