

Document Number Only
F96000003440

CF CORPORATION SYSTEM

Requestor's Name
 660 EAST JEFFERSON STREET

Address
 TALLAHASSEE FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

400001663074
 -12/15/95--01079--015
 ***70.00 ***80.00

was - 24475

Continental Solution, Inc

- Profit
- NonProfit
- Limited Liability Company
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
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- Mail Out
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 TALLAHASSEE, FLORIDA

Name
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Verifier
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W.P. Verifier

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 12-15-95

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 15, 1995

CT CORPORATION SYSTEM

SUBJECT: CONTINENTAL SOLUTION, INC.
Ref. Number: W95000024475

We have received your document for CONTINENTAL SOLUTION, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 995A00054312

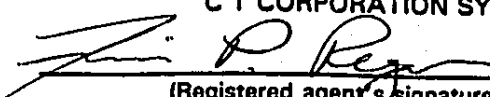
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:

1. Continental Solution, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Illinois 3. 62-1737576
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 20, 1995 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida. (See sections 607.1501, 607.1502 and 817.156, F.S.))
7. CNA Plaza
Chicago, IL 60685
(Current mailing address)
8. To engage in any or all lawful act or activities for which Corporation
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:
Name: C T CORPORATION SYSTEM
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

10. Registered agent acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

(Registered agent's signature) (Officer)
Francis P. Regan, Assistant Secretary
(Type Name and Title of Officer)

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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attachment

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

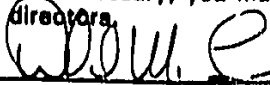
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TALLAHASSEE, FLORIDA

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Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Donald M. Lowry, Sr. Vice President, Secretary & General Counsel
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

CONTINENTAL SOLUTION, INC.

OFFICERS LIST

Chairman of the Board & President	Adrian M. Tocklin
Senior Vice President and Chief Financial Officer	Peter E. Jokiel
Senior Vice President, Secretary and General Counsel	Donald M. Lowry
Group Vice President and Controller	Patricia L. Kubera
Vice President	David Madigan
Vice President	Wayne C. Moultrie
Vice President and Treasurer	Pamela S. Dempsey
Vice President	Cathy J. Pierce
Vice President and Assistant Secretary	Daniel J. Rohan
Assistant Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert D. Winkenbach

DIRECTORS

Peter E. Jokiel
Donald M. Lowry
Warren Stahmer
Adrian M. Tocklin

**ADDRESSES FOR ALL
OFFICERS AND DIRECTORS**

CNA Plaza
Chicago, Illinois 60685

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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File Number 5859-792-9



To all to whom these Presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois,

do hereby certify that CONTINENTAL SOLUTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE NOVEMBER 20, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

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TALLAHASSEE, FLORIDA

In Testimony Whereof, *I hereby set*

my hand and cause to be affixed the Great Seal of the State of Illinois this _____ **26TH**
day of JUNE *A.D., 19* 96



George H. Ryan
SECRETARY OF STATE