

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

FILED
Apr 20 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 # F96000003440 (2)
 1. Corporation Name
CONTINENTAL SOLUTION, INC.



Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA STATUTORY REPORTING - 21S CHICAGO IL 60685
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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 Country
24 Country	25 Zip
29 Country	30 Zip

3. Date Incorporated or Qualified 07/08/1996	
4. FEI Number 52-1737576	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDC <input type="checkbox"/> DELETE
NAME	TOCKLIN, ADRIAN M
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	SV <input type="checkbox"/> DELETE
NAME	CUMMING, DAVID T
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	VT <input type="checkbox"/> DELETE
NAME	DEMPSEY, PAMELA S
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	GVC <input type="checkbox"/> DELETE
NAME	KUBERA, PATRICIA L
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	V <input type="checkbox"/> DELETE
NAME	MADIGAN, DAVID
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	V <input type="checkbox"/> DELETE
NAME	PIERCE, CATHY J
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 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	

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.

CR2E034 (10/97)

CONTINENTAL SOLUTION, INC.

OFFICERS LIST

Chairman of the Board & President	Adrian M. Tocklin
Group Vice President	David T. Cumming
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
Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert Grob
Assistant Secretary	Robert D. Winkenbach

DIRECTORS

David T. Cumming
Warren Stahmer
Adrian M. Tocklin