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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90039 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003440

1. Corporation Name
CNA 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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	
TITLE	PDC <input checked="" type="checkbox"/> DELETE
NAME	TOCKLIN, ADRIAN M
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	SV <input checked="" 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 checked="" 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 checked="" 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	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas H. Rowley
1.3 STREET ADDRESS	CNA Plaza
1.4 CITY-ST-ZIP	Chicago, IL 60685
2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gregory Potts
2.3 STREET ADDRESS	CNA Plaza
2.4 CITY-ST-ZIP	Chicago, IL 60685
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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven Harris
4.3 STREET ADDRESS	CNA Plaza
4.4 CITY-ST-ZIP	Chicago, IL 60685
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	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mary A. Ribikawskis
6.3 STREET ADDRESS	CNA Plaza
6.4 CITY-ST-ZIP	Chicago, IL 60685

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: *Steven Harris* **REQUIRED** **Steven Harris** 4/1/99 312-822-3905
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

CNA Solution, Inc.

306257-90039-1
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OFFICERS

Chairman of the Board	Thomas H. Rowley
President	Gregory Potts
Executive Vice President	H.W. Tripp Marshall
Group Vice President	Marvin J. Cashion
Group Vice President	John J. Sullivan
Group Vice President & Controller	Patricia L. Kubera
Vice President	David Madigan
Vice President	Wayne C. Moultrie
Vice President & Treasurer	Pamela S. Dempsey
Vice President	Lawrence J. Boysen
Assistant Vice President	Steven Harms
Assistant Vice President	Robert Grob
Secretary	Mary A. Ribikawskis
Assistant Secretary	Robert D. Winkenbach

DIRECTORS

Thomas H. Rowley
Gregory Potts
Marvin J. Cashion
Warren Stahmer
Jeffrey C. Moon

Business Address for all Officers and Directors:
CNA Plaza
Chicago, IL 60685

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