

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90148 002 \*\*\*150.00

**DOCUMENT # F96000003440**

1. Entity Name  
**CNA SOLUTION, INC.**



60063403

Principal Place of Business  
**CNA PLAZA**  
**CHICAGO, IL 60685**

Mailing Address  
**CNA PLAZA**  
**STATE SPECIFIC-9 S-H**  
**CHICAGO, IL 60685 US**



2. Principal Place of Business  
**CNA Center**

3. Mailing Address  
**CNA Center**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.  
**State Specific, 28-S**

04062005 Chg-P CR2E034 (10/03)

City & State  
**Chicago, IL**

City & State  
**Chicago, IL**

4. FEI Number  
**52-1737576**

Applied For  
 Not Applicable

Zip Country Zip Country  
**60685 U.S.A. 60685 U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD KRUMDICK, MARK K CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SULLIVAN, JOHN J JR CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DEMPSEY, PAMELA S CNA PLAZA CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, ROBERT M CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Douglas T. Eden CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Dennis R. Hemme CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry F. Sliwa Jerry F. Sliwa, Asst. Vice President 4-7-05 312 822-7191  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## Current Officers & Directors

20029499  
#P96-000003440

### CNA Solution, Inc.

#### Director

Douglas T. Eden  
Mark K. Krumdick  
Robert M. Mann

#### Title

Director  
Director  
Director

#### Officer

Mark K. Krumdick  
Douglas T. Eden  
Lawrence J. Boysen  
Stephen J. Westman  
Dennis Hemme  
Robert J. Grob  
Mary A. Ribikawskis  
Jerry F. Sliwa  
David Lehman

#### Title

Chairman of the Board and President  
Senior Vice President  
Senior Vice President  
Senior Vice President  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President & Secretary  
Assistant Vice President  
Assistant Secretary

Address for all the above officers & directors:  
CNA Center  
Chicago, IL 60685