


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90380 021 \*\*\*150.00

**DOCUMENT # F96000003440**

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



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

Mailing Address  
**CNA PLAZA  
STATE SPECIFIC-95  
CHICAGO IL 60685  
US**

2. Principal Place of Business

3. Mailing Address  
**CNA Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**State Specific 9 S-H**

City & State  
**Chicago, IL**

Zip  
**60685**

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1737576**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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          | CPD                 | <input type="checkbox"/> Delete |
| NAME           | MOULTRIE, WAYNE C   |                                 |
| STREET ADDRESS | CNA PLAZA           |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60685    |                                 |
| TITLE          | GVPD                | <input type="checkbox"/> Delete |
| NAME           | SULLIVAN, JOHN J JR |                                 |
| 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          | AVP                 | <input type="checkbox"/> Delete |
| NAME           | GROB, ROBERT J      |                                 |
| STREET ADDRESS | CNA PLAZA           |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60685    |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | RIBIKAWSKIS, MARY A |                                 |
| STREET ADDRESS | CNA PLAZA           |                                 |
| CITY-ST-ZIP    | CHICAGO IL 60685    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | Senior Vice President      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | Vice President & Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          | Director                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Robert M. Mann             |  |
| STREET ADDRESS | CNA Plaza                  |  |
| CITY-ST-ZIP    | Chicago, IL 60685          |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **Robert J. Grob**  
Assistant Vice President 4/16/03 312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)