

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03526

1. Entity Name

CAMBRIDGE PROFESSIONAL LIABILITY SERVICES, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90032 009 \*\*\*150.00

Principal Place of Business

Mailing Address

123 N. WACKER DR.  
 CHICAGO IL 60606

P.O. BOX 8264  
 CHICAGO IL 60680-8264  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2414575

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 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.

SIGNATURE

*NA.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ZUMBANO, ANTHONY R.	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDY, ARLENE H	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HANNER, JEROME S	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WASKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, MICHAEL D	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	

TITLE		<input 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		<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	Corbette S. Doyle	
STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago, IL 60606	
TITLE	Vice President	<input 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (312) 701-3978  
 Date Daytime Phone #