

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90672 023 \*\*\*150.00

060308 AT

**DOCUMENT # P35385**  
 1. Entity Name  
**CHARTERED BENEFIT SERVICES, INC.**

Principal Place of Business      Mailing Address  
**315 W UNIVERSITY DRIVE**      **315 W UNIVERSITY DRIVE**  
**ARLINGTON HEIGHTS IL 60004**      **ARLINGTON HEIGHTS IL 60004**

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 **36-3147665**      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**  
**LEXIS DOCUMENT SERVICES, INC**  
**3953 W W KELLEY ROAD**  
**TALLAHASSEE FL 32311**

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

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SWANSON, JAMES R.</b> <b>315 W UNIVERSITY DR</b> <b>ARLINGTON HEIGHTS IL 60004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVCO</b> <b>TYLIN, RANDAL J</b> <b>315 W UNIVERSITY DRIVE</b> <b>ARLINGTON HEIGHTS IL 60004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FLANAGAN, DIANE</b> <b>315 W UNIVERSITY DRIVE</b> <b>ARLINGTON HEIGHTS IL 60004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFCC</b> <b>HALLAGAN, DONALD J</b> <b>315 W UNIVERSITY DRIVE</b> <b>ARLINGTON HEIGHTS IL 60004</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLATOS, WILLIAM P</b> <b>1 INTERNATIONAL PLACE 29TH FLOOR</b> <b>BOSTON MA 02110</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TADLER, RICHARD</b> <b>HIGH ST TOWER STE 2500 125 HIGH ST</b> <b>BOSTON MA 02110</b>	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>For additional Director and officer information see attachment.</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Donald J. Hallagan      **Donald J. Hallagan**      3/12/02      647-797-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment of Doc # p35385 / 521478

**Chartered Benefit Services, Inc.  
Director & Officer Listing**

**Directors**

William P Collatos  
Richard D Tadler  
Michael J Kennealy  
Michael A Wilson  
James R Swanson

**Title**

Director  
Director  
Director  
Director  
Director

**Business Address**

One International Place, 29th Floor, Boston, MA 02110  
High Street Tower, Ste. 2500, 125 High Street, Boston, MA 02110  
1-5 Stratton Street, London W1J8LA, United Kingdom  
High Street Tower, Ste. 2500, 125 High Street, Boston, MA 02110  
315 W. University Drive, Arlington Heights, IL 60004

**Officers**

James R. Swanson  
Randal J. Tylif  
Diane M. Flanagan  
Donald J Hallagan

**Title**

President  
Executive Vice President & Chief Operating Officer  
Vice President  
Chief Financial Officer & Corporate Secretary

**Business Address**

315 W. University Drive, Arlington Heights, IL 60004  
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As of: 3/12/2002