


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90098 027 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000056909**  
 1. Corporation Name  
**CNA UNISOURCE OF FLORIDA, INC.**

Principal Place of Business <b>CNA PLAZA, CHICAGO IL 60685</b>	Mailing Address <b>CNA PLAZA 21S, CHICAGO IL 60685</b>
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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	30
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3. Date Incorporated or Qualified <b>07/02/1996</b>	4. FEI Number <b>65-0685111</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	<b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAVICK, MICHAEL S	1.2 NAME	
STREET ADDRESS	CNA PLAZA,	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOOKEN, MICHAEL W	2.2 NAME	CEO/P
STREET ADDRESS	CNA PLAZA,	2.3 STREET ADDRESS	Najeeb A. Khan
CITY-ST-ZIP	CHICAGO IL 60685	2.4 CITY-ST-ZIP	CNA Plaza
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCHIONE, DANIEL A	3.2 NAME	
STREET ADDRESS	CNA PLAZA,	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	3.4 CITY-ST-ZIP	
TITLE	SV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLAGAN, DONALD J CFO	4.2 NAME	SV
STREET ADDRESS	CNA PLAZA,	4.3 STREET ADDRESS	William Shroyer
CITY-ST-ZIP	CHICAGO IL 60685	4.4 CITY-ST-ZIP	CNA Plaza
TITLE	GVC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBERA, PATRICIA L	5.2 NAME	V
STREET ADDRESS	CNA PLAZA,	5.3 STREET ADDRESS	Lawrence J. Boysen
CITY-ST-ZIP	CHICAGO IL 60685	5.4 CITY-ST-ZIP	CNA Plaza
TITLE	GVS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOURIHAN, PAUL F	6.2 NAME	V/T
STREET ADDRESS	CNA PLAZA,	6.3 STREET ADDRESS	Pamela S. Dempsey
CITY-ST-ZIP	CHICAGO IL 60685	6.4 CITY-ST-ZIP	CNA Plaza

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Y
5.3 STREET ADDRESS	Lawrence J. Boysen
5.4 CITY-ST-ZIP	CNA Plaza
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V/T
6.3 STREET ADDRESS	Pamela S. Dempsey
6.4 CITY-ST-ZIP	CNA Plaza

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: *Lawrence J. Boysen* SIGNATURE REQUIRED. Boysen 4/1/99 312-822-5653  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/1/98)

CNA UNISOURCE, Inc.

288383-90098-27  
P96 000056909

Officers

Chairman of the Board	Michael S. McGavick
Chief Executive Officer & President	Najeeb A. Khan
Senior Vice President - Marketing	Daniel A. Cacchione
Senior Vice President & Chief Financial Officer	Milind Agtey
Senior Vice President, General Counsel & Secretary	Enid Tanenhaus
Senior Vice President	William Shroyer
Senior Vice President	A. Robert O'Brien
Senior Vice President	Zaven Kazazian
Group Vice President	John Sullivan
Vice President & Treasurer	Pamela S. Dempsey
Vice President	Lawrence J. Boysen
Assistant Secretary	Robert Grob
Assistant Secretary	Mary A. Ribikawskis

Directors

Paul Hourihan  
Michael S. McGavick  
David T. Cumming  
Najeeb A. Khan

8/98

ALL LOCATED AT:  
CNA PLAZA  
CHICAGO, ILLINOIS 60685