

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003440

Entity Name: CNA SOLUTION, INC.

Current Principal Place of Business:

333 S. WABASH AVE.
CHICAGO, IL 60604

FILED
Apr 21, 2015
Secretary of State
CC6857732544

Current Mailing Address:

333 S. WABASH AVE.
43S
CHICAGO, IL 60604 US

FEI Number: 52-1737576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name KRUMDICK, MARK K
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title DIR
Name BOYSEN, LAWRENCE J
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title DIR
Name WARNICK, MICHAEL P
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title PRES
Name KRUMDICK, MARK K
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title SEC
Name SULIKOWSKI, KATHLEEN
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title TREASURER
Name ADAMS, AMY C
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title SVP
Name BOYSEN, LAWRENCE J
Address 333 S. WABASH AVE.
City-State-Zip: CHICAGO IL 60604

Title VP
Name BRUFLAT, PAUL T.
Address 333 S. WABASH AVE.
43S
City-State-Zip: CHICAGO IL 60604

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN SULIKOWSKI

SECRETARY

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AVP
Name GROB, ROBERT J
Address 333 S. WABASH AVE.
43S
City-State-Zip: CHICAGO IL 60604

Title ASST SECRETARY
Name LEHMAN, DAVID
Address 333 S. WABASH AVE.
43S
City-State-Zip: CHICAGO IL 60604

Title AVP
Name WARD, CHRISTOPHER
Address 333 S. WABASH AVE.
43S
City-State-Zip: CHICAGO IL 60604

Title VP
Name URBON, TODD R
Address 333 S. WABASH AVE.
43S
City-State-Zip: CHICAGO IL 60604