## 2002 UNIFORM BUSINESS REPORT, (UBR)

## FILED May 01, 2002 8:00 am Secretary of State **DOCUMENT #** 591099 1. Entity Name SERVICEPLAN OF FLORIDA, INC. 05-01-2002 91574 024 \*\*\*150.00 Principal Place of Business Mailing Address 123 N. WACKER DR TAX DEPARTMENT CHICAGO IL 60606 P.O. BOX 8264 US CHICAGO IL 60680 US 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ity & State City & State 4. FEI Number Applied For 48-0879232 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code Fl 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete Exec. Officer NAME COLE, DAVID L NAME STREET ADDRESS 123 N. WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO CITY-ST-ZIP TITLE ☐ Delete TITLE Director ☐ Change Addition NAME DAVIS, GREGG NAME STREET ADDRESS 123 N-WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ---TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AIGOTTI, DIANE NAME STREET ADDRESS 123 N-WACKER DRIVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP Director ☐ Delete TITLE Change Addition NAME MARKOVITS, RONALD D NAME STREET ADDRESS 123-WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP ASSISTANT Secretary D۷ Delete TITLE NAME SHEPARD, ROBERT NAME STREET ADDRESS **129-NLWACKER DR** STREET ADDRESS CITY-ST-ZIP CHICAGO ALL OFFICERS & DIRECTORS ARE CITY-ST-ZIP LOCATED AT: TITLE ☐ Delete TITLE E Addition 200 E. RANDOLPH ST., 4TH FLOOR NAME BAER, JEROME ! NAME STREET ADDRÉSS CHICAGO, IL 60601 T29-NLWACKER DR STREET ADDRESS CITY-ST-7IP CHICAGO IE 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

SIGNATURE: