

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822335

1. Entity Name

CONTINENTAL LOSS ADJUSTING SERVICES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90078 029 \*\*\*150.00

Principal Place of Business

CNA PLAZA ~~210~~ 95  
333 S. WABASH  
CHICAGO IL 60685  
US

Mailing Address

CNA PLAZA ~~210~~ 95  
333 S. WABASH  
CHICAGO IL 60685-0001  
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 **36-1892350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PC HENGESHAUGH, BERNARD L CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CUMMING, DAVID T CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROWLEY, THOMAS H CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DEMPSEY, PAMELA S CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROHRER, JEFFERY T CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Donald P. Lofe CNA Plaza Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John J. Sullivan, Jr. CNA Plaza Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Grob CNA Plaza Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Robert E. Grob*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000

Date

312-822-5194

Daytime Phone #

CR2E034 (9/99)

22335

80059272

**CONTINENTAL LOSS ADJUSTING SERVICES, INC.**

Attachment

**OFFICERS**

Chairman of the Board & President  
Group Vice President  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President & Secretary

Donald P. Lofe  
John J. Sullivan, Jr.  
Pamela S. Dempsey  
Robert Grob  
Mary A. Ribikawskis

**DIRECTORS**

John J. Sullivan  
Mary A. Ribikawskis  
Donald P. Lofe

Address for all the above:  
CNA Plaza  
Chicago, IL 60685

5/99