FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **822767** **(0)**

1. Corporation Name

CNA INVESTOR SERVICES, INC.

Principal Place of Business	Mailing Address
CNA PLAZA ~~25 SO~~ ~~25 SOUTH~~ CHICAGO ILLINOIS 60685 US	CNA PLAZA ~~25 SO~~ ~~25 SOUTH~~ CHICAGO ILLINOIS 60685 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1969	3a. Date of Last Report: 04/27/1994
4. FEI Number: 36-2639574	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22 34 South	Suite, Apt. #, etc: 27 34 South
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	PETTORINI, JAMES G	12 NAME	
STREET ADDRESS	551 OAKDALE AVE	13 STREET ADDRESS	
CITY ST ZIP	GLENCOE IL	14 CITY ST ZIP	
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	LOWRY, DONALD M	22 NAME	
STREET ADDRESS	79 MARK DR.	23 STREET ADDRESS	
CITY ST ZIP	HAWTHORN WOODS IL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MATEJA, GLENN ARTHUR	32 NAME	
STREET ADDRESS	720 61ST ST	33 STREET ADDRESS	
CITY ST ZIP	DOWNERS GROVE IL	34 CITY ST ZIP	
TITLE	AG	41 TITLE	☐ Change ☐ Addition
NAME	KURTZ, WILLIAM A	42 NAME	
STREET ADDRESS	433 NORTH DOVER AVENUE	43 STREET ADDRESS	
CITY ST ZIP	LAGRANGE IL	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	CHAPON, RONALD S	52 NAME	
STREET ADDRESS	732 MILLWOOD ST	53 STREET ADDRESS	
CITY ST ZIP	CARY IL	54 CITY ST ZIP	
TITLE		61 TITLE	PRESIDENT ☐ Change ☑ Addition
NAME		62 NAME	HOGAN, KEVIN M.
STREET ADDRESS		63 STREET ADDRESS	2098 Buckley Court
CITY ST ZIP		64 CITY ST ZIP	Naperville IL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: _____ RONALD S. CHAPON 4-24-95 (312)822-7592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0468223 FP