FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
CNA INVESTOR SERVICES, INC.

Principal Place of Business	Mailing Address
CNA PLAZA 25 SO 34 SOUTH CHICAGO ILLINOIS 60685 US	CNA PLAZA 25 SO 34 SOUTH CHICAGO ILLINOIS 60685 US

3. Date Incorporated or Qualified: 05/09/1969
3a. Date of Last Report: 05/01/1995
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
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
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 607.1508, 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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	CD	[ ] DELETE
NAME	PETTORINI, JAMES G	
STREET ADDRESS	551 OAKDALE AVE	
CITY-ST-ZIP	GLENCOE IL	
TITLE	SV	[ ] DELETE
NAME	LOWRY, DONALD M	
STREET ADDRESS	79 MARK DR.	
CITY-ST-ZIP	HAWTHORN WOODS IL	
TITLE	VD	[ ] DELETE
NAME	MATEJA, GLENN ARTHUR	
STREET ADDRESS	720 61ST ST	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	AG	[ ] DELETE
NAME	KURTZ, WILLIAM A	
STREET ADDRESS	433 NORTH DOVER AVENUE	
CITY-ST-ZIP	LAGRANGE IL	
TITLE	VD	[ ] DELETE
NAME	CHAPON, RONALD S	
STREET ADDRESS	732 MILLWOOD ST	
CITY-ST-ZIP	CARY IL	
TITLE	P	[ ] DELETE
NAME	HOGAN, KEVIN M	
STREET ADDRESS	2098 BUCKLEY COURT	
CITY-ST-ZIP	NAPERVILLE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE: [signature] RONALD S CHAPON 4-3-96 312-822-7592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)