FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90019 003 ***150.00

DOCUMENT # 822767

1. Corporation Name

CNA INVESTOR SERVICES, INC.

Principal Plac	e of Business	Mailing Address					I FORES IDILA	(1 6 18 11911 16818	Allki isan alati	UIGIL BİBIL DIBIL UIL	819 8 1811 (891
CNA PLAZA		CNA PLAZA									
34 SOUTH		34 SOUTH							W. -	0.00105	
CHICAGO ILLIN	OIS 60685	CHICAGO ILLINOIS 60685					DO NOT WRITE IN THIS SPACE				
US		US				I	3. Date Incorporated or Qualifed 05/09/1969				
2 Discipal F	Hann of Divisions	2a. Mailing Address									olied For
— ·	lace of Business	— ·									Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.					36-2639574 Not A				
22	, 0.0.	27				5. Ce	5. Certificate of Status Desired Fee Require				
City & Stat	е	City & State				6. EI	6. Election Campaign Financing \$5.00 M				May Be
23		28				Tr	Trust Fund Contribution Added to				
Zip	Country	Zip	Cou	intry		8. Th	nis corporation	owes the cu	urrent year li		
24	25	29	30				ersonal Prope				[]No
	9. Name and Address of Current	Registered Agent				10. N	ame and Add	iress of Nev	v Registered	d Agent	
CT	CORPORATION SYSTEM			81	Name						
	S. PINE ISLAND ROAD			82	Street /	Address (P.O. Box Number is Not Acceptable)					
	NTATION FL 33324										
104	11AHON 1 E 30024			83							
				84	City	85 Zip Code					ode
	817 YTT 19	1002 1500 51 11 51				corporation submits this statement for the purpose of changing its registere					ragistarad
office or r	enistered agent, or both in the State of	if Florida. Such change was :	authorized	vd t	the corpo	corporation st pration's board	d of directors.	I hereby acc	ept the appoint	ointment as reg	istered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida Stat	utes.	•						
SIGNATURE	. Signature, typed or printed name of registered agent	and title if poplicable (NOT	E- Benisterer	Agen	nt signature re	equired when rains	tatino)		DATE		
12.	OFFICERS AND		13.					ANGES TO C	FFICERS A	AND DIRECTOR	RS IN 12
TITLE	CD	☐ DELETE	1.1 ∏	1.1 TITLE					Change	☐ Addition	
NAME	PETTORINI, JAMES G		1.2 N	AME		-ZIP					
STREET ADDRESS	551 OAKDALE AVE		1.3 S	TREET	T ADDRESS						
CITY-ST-ZIP	GLENCOE IL		1.4 C	TY-S	T-ZIP					40	
TITLE	SV	☐ DELETE	2.1 TI	TLE		SECRETARY		r	🔀 Change	Addition	
NAME	LOWRY, DONALD M		2.2 N	AME		CHICAGO IL GOLIG					-
STREET ADDRESS	79 Mark dr.		2.3 S	TREET	ADDRESS	S 2500 N. LAKEVIEW					
CITY-ST-ZIP	HAWTHORN WOODS IL		2.40	TY-S	T-ZIP	CHICAGO IL 60614					
TITLE	VD	☐ DELETE	3.1 ∏	TLE						Change	☐ Addition
NAME	MATEJA, GLENN ARTHUR		3.2 N	2 NAME					* - • •		
STREET ADDRESS	1		3.3 \$					İ			
CITY-ST-ZIP	DOWNERS GROVE IL		_		T-ZIP					Change	Addition
IIILE	AG	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS					☐ Change	☐ Addition	
NAME	KURTZ, WILLIAM A										
STREET ADDRESS											
CITY-ST-ZIP	LAGRANGE IL		4.4 C	TY-S	T-ZIP						I
TITLE	l VD	I I DELETE			,					☐ Channe	Addition
NAME	CHADON DONALD C	☐ DELETE	5.1 TI 5.2 N	TLE						Change	Addition
STREET ADDRESS	CHAPON, RONALD S	LI DELETE	5.2 N	TLE AME	T ADODESS					Change	Addition
	732 MILLWOOD ST	□ DELETE	5.2 N 5.3 S	TLE AME TREET	TADORESS					☐ Change	Addition
CITY-ST-ZIP	732 MILLWOOD ST CARY IL	·	5.2 N 5.3 S	TLE AME TREET	T ADORESS T-ZIP						
TITLE	732 MILLWOOD ST CARY IL P	. DELETE	5.2 N 5.3 S 5.4 C 6.1 Ti	TLE AME TREET TY-S' TLE						☐ Change	Addition
	732 MILLWOOD ST CARY IL	·	5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	TLE AME TREET ITY-S' TLE AME					- 1124 -		

NAPERVILLE IL 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE:

Romano CHAPON 3/19/49

312-822-7592

CNA Investor Services Inc. Officer & Director Listing as of June 1998

اله	۲ <u>۔</u>	3	0-8 0	20/2	, 7	es ('								.*
James G. Pettorini)	•	Kevin M Hogan		Glenn A. Mateja		William A. Kurtz		Ronald S. Chapon		Lynne Gugenheim		John J. Sullivan	
& Date of Birth 041-34-8434		DOB 04/18/43	350-48-0834	DOB 05/23/54	326-34-8795	DOB 10/26/42	356-20-0218	DOB 09/08/27	325-36-6295	DOB 01/11/45	459-76-8899	DOB 1/25/60	325-36-6246	DOB 07/17/44
Chairman of the Board &	Challman of the board & Director	Effective 12/94	Pres,Chief Officer, Treas, & Director	Effective 9/94	Vice President & Director	Effective 4/86	Assistant General Counsel	Effective 7/72	Vice-President & Director	Effective 4/84	Corporate Secretary	Effective 4/98	Vice President & Director	Effective 4/92
551 Oakdale Avenue	Glencoe, IL 60022		269 Winding Creek Dr. Naperville IL 60565		1301 N. Dearborn Unit # 707 Chicago IL 60610		433 North Dover Ave		732 Millwood Street	732 Millwood Street Cary, IL 60013		Chicago It 60014	14831 S. 88th Ave	Cligity LV IF OCHOZ
CNA Plaza	CNA Plaza Chicago IL 60685		CNA Plaza Chicago IL 60685		CNA Plaza Chicago IL 60685		CNA Plaza	Cnicago IL 60685	CNA Plaza	Chicago IL 60685	CNA Plaza	Criicago IL 60685		