

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822767

1. Entity Name

CNA INVESTOR SERVICES, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90004 027 ***150.00

Principal Place of Business CNA PLAZA 34 SOUTH CHICAGO ILLINOIS 60685 US	Mailing Address CNA PLAZA 34 SOUTH CHICAGO ILLINOIS 60685-0001 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	36-2639574	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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	CD	<input checked="" type="checkbox"/> Delete
NAME	PETTORINI, JAMES G	
STREET ADDRESS	551 OAKDALE AVE	
CITY-ST-ZIP	GLENCOE IL	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	LYNN, GUGENHEIM	
STREET ADDRESS	2500 N LAKEVIEW	
CITY-ST-ZIP	CHICAGO IL 60614	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MATEJA, GLENN ARTHUR	
STREET ADDRESS	720 61ST ST.	
CITY-ST-ZIP	DOWNERS GROVE IL	
TITLE	AG	<input type="checkbox"/> Delete
NAME	KURTZ, WILLIAM A	
STREET ADDRESS	433 NORTH DOVER AVENUE	
CITY-ST-ZIP	LAGRANGE IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAPON, RONALD S	
STREET ADDRESS	732 MILLWOOD ST	
CITY-ST-ZIP	CARY IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOGAN, KEVIN M	
STREET ADDRESS	2098 BUCKLEY COURT	
CITY-ST-ZIP	NAPERVILLE IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, KEVIN M	
STREET ADDRESS	269 WINDING CREEK	
CITY-ST-ZIP	NAPERVILLE IL 60565	

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:

RONALD CHAPON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT 1/18/2000 312-822-7592
Date Daytime Phone #

CR2E034 (9/99)