

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90027 026 ***150.00

DOCUMENT # 822767

1. Entity Name
CNA INVESTOR SERVICES, INC.

Principal Place of Business

Mailing Address

**CNA PLAZA
 34 SOUTH
 CHICAGO IL 60685
 US**

**100 CNA DRIVE
 NASHVILLE TN 37214
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

100 CNA Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Nashville TN

City & State

4. FEI Number

36-2639574

Applied For

Not Applicable

37214

US

Zip

Country

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, 2002 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 **CTP HOGAN, KEVIN M.** ☒ Delete
 STREET ADDRESS **269 WINDING CREEK**
 CITY-ST-ZIP **NAPERVILLE IL 60565**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VP SLEDGE, STEPHANIE R** ☐ Delete
 STREET ADDRESS **1114 BILTMORE DR**
 CITY-ST-ZIP **NASHVILLE TN 37204**

TITLE NAME **Stephanie Sledge** ☒ Change ☐ Addition
 STREET ADDRESS **4001 Albert Dr.**
 CITY-ST-ZIP **Nashville TN 37204**

TITLE NAME **VP KUNTZ, CAROL A** ☐ Delete
 STREET ADDRESS **103 BAYVIEW CT**
 CITY-ST-ZIP **HENDERSONVILLE TN 37075**

TITLE NAME **President Carol A. Kuntz** ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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:

Stephanie Sledge **1/4/02** **615-886-1635**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)