



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90147 042 \*\*\*150.00

<b>DOCUMENT # 822767</b> 1. Entity Name <b>CNA INVESTOR SERVICES, INC.</b>					
Principal Place of Business <b>CNA INVESTOR SVCS CNA DRIVE CHICAGO, IL 60604 US</b>			Mailing Address <b>333 S WABASH CNA PLAZA CHICAGO, IL 60604 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>CNA Center</b>  Suite, Apt. #, etc.		  04062005 Chg-P CR2E034 (10/03)	
City & State		State Specific, 28-S City & State <b>Chicago, IL</b>			
Zip		Zip			
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>			
4. FEI Number <b>36-2639574</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNTZ, CAROL CNA PLAZA CHICAGO, IL 60604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RISHL, STEPHANIE CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GENGLER, MICHAEL CNA PLAZA CHICAGO, IL 60604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV GROB, ROBERT CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISHL, STEPHANIE CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Jerry F. Sliwa CNA Center Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENGLER, MICHAEL CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPAS Mary A. Ribikawskis CNA Center, Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jerry F. Sliwa</u> Jerry F. Sliwa, Asst. Vice President 4-7-05 312 822-7191 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**ATTACHMENT**  
Current Officers & Directors

12/20/2004

20029441  
# 822767

**CNA Investor Services, Inc.**

Director

Michael T. Gengler  
Carol A. Kuntz  
Stephanie Rishel

Title

Director  
Director  
Director

Officer

Carol A. Kuntz  
Dennis R. Hemme  
Stephanie Rishel  
Robert J. Grob  
Patrick Olson  
Mary A. Ribikawskis  
Jerry F. Sliwa  
Michael T. Gengler  
David Lehman

Title

President & Chief Executive Officer  
Vice President & Assistant Treasurer  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President  
Assistant Vice President & Assistant Secretary  
Assistant Vice President  
Secretary  
Assistant Secretary

Address for all the above officers & directors:

CNA CENTER  
Chicago, IL 60685