## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

822767 **DOCUMENT #** 

1. Entity Name

CNA INVESTOR SERVICES, INC.



**FILED** Jul 30, 2003 8:00 am Secretary of State 07-30-2003 90068 010 \*\*\*550.00

			V   `					
Principal Place of Business CNA PLAZA 100 CNA DRIVE NASHVILLE TN 37214 US		Mailing Address 100 CNA DRIVE NASHVILLE TN 37214 US						
	Place of Business	3. Mailing Address	·		-	<b>i i i i i i i i i i i i i i i i i i i </b>		
	1 100 cs tor Svcs	, •		- 1				
Suite Apt.		Suite, Apt. #, etc,	تمعة	Jack -	-			
CH		CNA Pla	, ` )		CHECK HERE IF MAK	ING CHANGES		
City & Stat		City & State	<u> </u>		4. FEI Number OC OCCUETA	TAI	pplied For	ĺ
Ċ'n	LCAGO IL	Chicago	エ	ا.	4. FEI Number 36-2639574	<u> </u>	ot Applicable	ĺ
Zip	Country	Zip	Country			\$8.75 Ad	ditional	
604	04 U.S.A	60604	US.	<b>.</b> 4.	5. Certificate of Status Desired	Fee Require		
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Register	ed Agent		
				lame				
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD				street Address (	(P.O. Box Number is not Acceptable)			l
1	ION FL 33324		<u> </u>					
1 5 417	ON 12 00021		<u> </u>					1
				City		Zip Cod	ie	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered o	office or registe	red agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	ent signature required	d when reinstating) DA	TE		
	THE NOWILL EEE IS \$550.00		·	<del></del>		<del></del>	<del></del>	
	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.	00			9. Efection Campaign Financing		00 May Be	
	k Payable to Florida Department of				Trust Fund Contribution.	☐ Added	d to Fees	
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	CTP	☑ Delete	TITLE	105	es dent	Change	Addition	ଳ
NAME	HOGAN, KEVIN M	StaleO C	NAME	Rol	bert L. Mc Ginnis	C Gliange	☐ Addition	CR2E034 (4/03
STREET ADDRESS	4001 ALBERT DRIVE		STREET AL		a Plaza		ĺ	8
CITY-ST-ZIP	NASHVILLE TN 37204		CITY-ST-		cago, 11 60604		ļ	Ü
TITLE	VP	Delete	TITLE	46		Change	Addition	兴
NAME	SLEDGE, STEPHANIE R	To Delete	NAME		nard malek	C Change	Addition	٠
STREET ADDRESS	1114 BILTMORE DR		STREET A		30 S. Bristol St.			
CITY-ST-ZIP	NASHVILLE TN 37204		CITY-ST-	-	sta mesa ca	9262	أ را.	
TITLE	VP	☑ Delete	TITLE		retory	Change	☐ Addition	
NAME	KUNTZ, CAROL A	E boiete	NAME	۱۱نت	lliam Rorland	E 0100.192		
STREET ADDRESS			STREET AL	ODRESS Cい	A Plazas			
STREET ADDRESS CITY-ST-ZIP	103 BAYVIEW CT HENDERSONVILLE TN 37075		STREET AL CITY-ST-	- 1		Ĺ		
	103 BAYVIEW CT	☐ Delete	CITY-ST-	- 1	A Plazas icago, IL 60604	☐ Change	Addition	
CITY-ST-ZIP	103 BAYVIEW CT	☐ Delete		- 1		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE	103 BAYVIEW CT	☐ Delete	CITY-ST-	ZIP Ch		☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME	103 BAYVIEW CT	☐ Delete	CITY-ST- TITLE NAME	ZIP Ch		☐ Change	☐ Addition	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	103 BAYVIEW CT HENDERSONVILLE TN 37075	□ Delete	CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE NAME STREET AC CITY-ST- TITLE	DORESS ZIP DORESS ZIP DORESS ZIP		☐ Change	☐ Addition	

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:

Sign<sup>katoro</sup> Pequired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #