

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840548 (2)

1. Corporation Name
ALEXSIS INC.



Principal Place of Business 17187 LAUREL PARK DR. SUITE 423 LIVONIA MI 48152 US	Mailing Address STATUTORY REPORTS CNA PLAZA CHICAGO IL 60685 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	29 Zip Country
24	30

3. Date Incorporated or Qualified 04/27/1978	
4. FEI Number 52-1100503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	HOURIHAN, PAUL F.
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	PD <input type="checkbox"/> DELETE
NAME	HENSLEY, CLYDE K.
STREET ADDRESS	2719 MILLSTONE LANE
CITY-ST-ZIP	CHARLOTTE NC
TITLE	V <input type="checkbox"/> DELETE
NAME	ARNDT, J. RANDY
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	CHAJ <input checked="" type="checkbox"/> DELETE
NAME	CONWAY, PETER P.
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685
TITLE	VP <input type="checkbox"/> DELETE
NAME	PIERCE, CATHY J
STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL
TITLE	S <input type="checkbox"/> DELETE
NAME	FIBIKAWSKIS, MARY A.
STREET ADDRESS	CNA INSURANCE COS., CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hensley, Clyde
2.3 STREET ADDRESS	2719 Millstone Lane
2.4 CITY-ST-ZIP	Charlotte, NC
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Peter Imbrogno
4.3 STREET ADDRESS	200 South Wacker Drive, Ste 1501
4.4 CITY-ST-ZIP	Chicago, IL 60606
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

CR2E034 (10/97)

SIGNATURE _____ DATE 3 17 98