**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **840548**

1. Corporation Name

ALEXSIS INC.

							[8]8]		il Bibli Bibli B	
Principal Place of Business Mailing Address										
7187 LAUREL PARK DR. STATUTORY REPORTS - 21			S							
SUITE 423			CNA PLAZA				DO NOT WRITE IN THIS SPACE			
JVONIA MI 481 Is	52	US	CHICAGO IL 60685			3. Date Incorporated or Qualifed				
,,		00				04/27				
2. Principal P	ace of Business	2a. Mailine	a Address			4. FEI Nu			Ap	oplied For
26			•			52-11	00503		No	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75	Additional
2	·	27	•			5. Certifo	ate of Status Desired		Fee Re	equired
City & Stat		-	City & State			6. Election	n Campaign Financing	П	\$5.00	May Be
23		28				. Trust F	und Contribution		Added	to Fees
Zip	Country	Zip		Country		8. This co	propration owes the curr	ent year Inta		_
.4	25	29	30	<u> </u>			al Property Tax.		∐ Yes	□No
	9. Name and Address of Curr	rent Registered A	gent		1	10. Name	and Address of New F	Registered A	\ge <u>nt</u>	<del></del>
СТ	CORPORATION SYSTEM			81	Name					
				82	Street A	Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				_						
FLAN	TATION 1 E 33024			83						
				84	City				85 Zip	Code
					<u> </u>			<u> </u>		, as sistened
office of f	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Sucl	h change was auth	orized by	the corpo	corporation submit pration's board of c	ts this statement for the directors. I hereby accep	ot the appoin	tment as re	gistered
SIGNATURE	·									
DIGITATION E	Signature, typed or printed name of registered				nt signature re	equired when reinstating)		DATE	D DIDEOTO	200 111 42
12.	<del></del>	AND DIRECTORS		13.			ONS/CHANGES TO OF	FICERS ANI	Change	Addition
TITLE	S DALIE E		☑ DELETE	1.1 TITLE		Köbert R	R. Kulbick		□ change	[X] Addition
NAME	HOURIHAN, PAUL F.			1.2 NAME		CNA Plaz	a			
STREET ADDRESS	CNA PLAZA				1 ADDRESS	Chicago,	IL 60685			
CITY-ST-ZIP	CHICAGO IL		[] DELETE	1.4 CITY - S	T-ZIP		<u> </u>		Change	Addition
TITLE	VCD		DELETE	2.1 TITLE		DP	Donnoll.		☐ Criange	X
NAME	HENSLEY, CLYDE			2.2 NAME			Donnelly			
STREET ADDRESS	2719 MILLSTONE LN				TADDRESS	CNA Plaz	· <del></del>			
CITY-ST-ZIP			2.4 CITY-:	ST-ZIP	Chicago, IL 60685			Change	Addition	
TITLE	ADMOT I DAMOV		KT pereir	3.1 TTLE		SV/SFO	C. Wallace		·	<b>X</b> -1
NAME	ARNOT, J. RANDY			3.2 NAME	* 40000000	CNA Plaz				
STREET ADDRESS	*****			1 ADDRESS						
CITY-ST-ZIP	CHICAGO IL PD		<b>★</b> DELETE	3.4. CITY-1 4.1 TITLE	51-ZIP		IL 60685		Change	Addition
TITLE			K) DELETE	4.1 TILE 4. 2 NAME		SV M. Susan	Steamal .			×
NAME	imbrogno, peter   200 South Wacker Drive	OTE 1504			T ADDRESS	CNA Plaz	_			
STREET ADDRESS	CHICAGO IL 60606	., 516 1501	`							
CITY-ST-ZIP TITLE	VP		X DELETE	4.4 CITY-S 5.1 TITLE	11-21	CFO	IL 60685		Change	Addition
	PIERCE, CATHY J			5.2 NAME			Priessler			$\overline{\mathbf{x}}$
NAME	CNA PLAZA			1	T ADDRESS	CNA Plaz				
STREET ADDRESS	CHICAGO IL			5.4 CITY-5			IL_60685			
CITY-ST-ZIP	S S		☐ DELETE	6.1 TITLE		onicago,	<u> </u>		Change	Addition
	RIBIKAWSKIS, MARY A.			6.2 NAME	j					
NAME STREET ADDRESS	CNA INSURANCE COS CN.	A PI A7A			T ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

Many A. Ribikawskis SIGNATURE

CHICAGO IL 60685

4/1/99

312-822-6312

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90038 048 \*\*\*150.00

# Alexsis, Inc. 306254-90038-48 840548

### **Officers**

Chief Executive Officer	Robert R. Kulbick			
President	Thomas E. Donnelly			
Senior Vice President and Senior Finance Officer				
Senior Vice President	M. Susan Steagall			
Chief Financial Officer				
Senior Vice President and General Counsel	Nora Winay*			
Secretary	Mary A. Ribikawskis			

### **Directors**

Peter P. Conway Thomas E. Donnelly

Robert R. Kulbick

Business Address of
Officers and Directors:
CNA Plaza
333 South Wabash
Chicago,IL 60604

\*Business Address:

17187 N. Laurel Park Drive South Livonia, MI 48152