

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852306

1. Entity Name

ARTHUR J. GALLAGHER & CO. (ILLINOIS)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90033 032 ***150.00

Principal Place of Business

Mailing Address

TWO PIERCE PLACE
ITASCA IL 60143-3141
US

2 PIERCE PLACE
ITASCA IL 60143-1203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2481781**

Applied For

Not Applicable

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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, 2000 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 ☐ Delete
NAME VP
STREET ADDRESS LONG, DAVID R
CITY-ST-ZIP TWO PIERCE PL.
ITASCA IL

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

TITLE ☐ Delete
NAME T
STREET ADDRESS STRAUCH, MARK P.
CITY-ST-ZIP TWO PIERCE PL.
ITASCA IL

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

TITLE ☐ Delete
NAME VPDS
STREET ADDRESS CLOHERTY, MICHAEL J
CITY-ST-ZIP TWO PIERCE PLACE
ITASCA IL

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

TITLE ☐ Delete
NAME CEO
STREET ADDRESS GALLAGHER, ROBERT E
CITY-ST-ZIP TWO PIERCE PLACE
ITASCA IL

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

TITLE ☐ Delete
NAME C
STREET ADDRESS LAZZARO, JACK
CITY-ST-ZIP TWO PIERCE PLACE
ITASCA IL

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

TITLE ☒ Delete
NAME S
STREET ADDRESS FABIO, C
CITY-ST-ZIP TWO PIERCE PL.
ITASCA IL 60143

TITLE ☐ Change ☒ Addition
NAME ASSISTANT SEC
STREET ADDRESS CHRISTINE D. GREG
CITY-ST-ZIP TWO PIERCE PLACE
ITASCA IL 60143

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/24/2000

Date

430/773-3800

Daytime Phone #

CR2E034 (9/99)