

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1996 08:00 AM
Secretary of State

DOCUMENT # **857714** (0)
1. Corporation Name
UNITED CHAMBERS ADMINISTRATORS, INC.



Principal Place of Business: **1805 HIGH POINT DRIVE ATTN: ACCOUNTING NAPERVILLE IL 60563-6361**
Mailing Address: **1805 HIGH POINT DRIVE ATTN: ACCOUNTING NAPERVILLE IL 60563-6361**

3. Date Incorporated or Qualified: **09/13/1983**
3a. Date of Last Report: **04/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number 36-3105380	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEITZEN, CARL E.	1.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIAS, RICHARD L.	2.2 NAME	Marhias, Richard L.
STREET ADDRESS	1805 HIGH POINT DRIVE	2.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP	NAPERVILLE IL	2.4 CITY-ST-ZIP	Naperville IL 60563
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORLAND, WILLIAM K.	3.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	3.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBAK, MICHAEL L.	4.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEITZEN, STEVEN C.	5.2 NAME	
STREET ADDRESS	1805 HIGH POINT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPERVILLE IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	P Marsh, Jeremiah
STREET ADDRESS		6.3 STREET ADDRESS	1805 High Point Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naperville IL 60563

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Michael L. Rybak* **Michael L. Rybak** 04/17/96 (708) 505-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)