

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 |

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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)