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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 857714 (0)

1. Corporation Name
UNITED CHAMBERS ADMINISTRATORS, INC.



Principal Place of Business: **1805 HIGH POINT DRIVE ATTN: ACCOUNTING NAPERVILLE IL 60563-8361**
 Mailing Address: **1805 HIGH POINT DRIVE ATTN: ACCOUNTING NAPERVILLE IL 60563-8359**

3. Date Incorporated or Qualified: **09/13/1983** 3a. Date of Last Report: **04/23/1996**
 4. FEI Number: **36-3105380** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MEITZEN, CARL E.
STREET ADDRESS	1805 HIGH POINT DRIVE
CITY - ST - ZIP	NAPERVILLE IL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MATHIAS, RICHARD L
STREET ADDRESS	1805 HIGH POINT DR
CITY - ST - ZIP	NAPERVILLE IL
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	BORLAND, WILLIAM K.
STREET ADDRESS	1805 HIGH POINT DRIVE
CITY - ST - ZIP	NAPERVILLE IL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	RYBAK, MICHAEL L.
STREET ADDRESS	1805 HIGH POINT DRIVE
CITY - ST - ZIP	NAPERVILLE IL
TITLE	V <input type="checkbox"/> DELETE
NAME	MEITZEN, STEVEN C.
STREET ADDRESS	1805 HIGH POINT DRIVE
CITY - ST - ZIP	NAPERVILLE IL
TITLE	P <input type="checkbox"/> DELETE
NAME	MARSH, JEREMIAH
STREET ADDRESS	1805 HIGH POINT DRIVE
CITY - ST - ZIP	NAPERVILLE IL

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	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MATHIAS, RICHARD L
2.3 STREET ADDRESS	1850 HIGH POINT DRIVE
2.4 CITY - ST - ZIP	NAPERVILLE, IL 60563
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	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	YEDINAK, DAVID A.
4.3 STREET ADDRESS	1805 HIGH POINT DRIVE
4.4 CITY - ST - ZIP	NAPERVILLE IL 60563
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 do 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.

SIGNATURE: *David A. Yedinak* **DAVID A. YEDINAK** 4/11/97 630-577-4824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)