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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

36-3105380

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ Yes

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VS
2.3 STREET ADDRESS	MATHIAS, RICHARD L
2.4 CITY - ST - ZIP	1850 HIGH POINT DRIVE 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	YEDINAK, DAVID A.
4.4 CITY - ST - ZIP	1805 HIGH POINT DRIVE 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 4/17/97

Date

Daytime Phone #

630-575-4824

CR2E034 (9/96)