

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



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      Mailing Address

**1805 HIGH POINT DRIVE**      **1805 HIGH POINT DRIVE**  
**ATTN: ACCOUNTING**      **ATTN: ACCOUNTING**  
**NAPERVILLE IL 60563-6361**      **NAPERVILLE IL 60563-6361**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/13/1983**

2. Principal Place of Business      2a. Mailing Address      4. FEI Number      Applied For

**21**      **26**      **36-3105380**       Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**22**      **27**

City & State      City & State

**23**      **28**

Zip      Country      Zip      Country

**24**      **25**      **29**      **30**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**      **81** Name

**1200 S. PINE ISLAND ROAD**      **82** Street Address (P.O. Box Number is Not Acceptable)

**PLANTATION FL 33324**      **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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEITZEN, CARL E.</b>	1.2 NAME	<b>MEITZEN, GAYLIA R</b>
STREET ADDRESS	<b>1805 HIGH POINT DRIVE</b>	1.3 STREET ADDRESS	<b>1805 High Point Drive</b>
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	1.4 CITY-ST-ZIP	<b>Naperville, IL 60563-9375</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARHIAS, RICHARD L</b>	2.2 NAME	<b>GOLDSTEIN, BRADLEY J</b>
STREET ADDRESS	<b>1850 HIGHPOINT DR</b>	2.3 STREET ADDRESS	<b>1805 High Point Drive</b>
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	2.4 CITY-ST-ZIP	<b>Naperville, IL 60563-9375</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YEDINAK, DAVID A</b>	3.2 NAME	<b>SAWICZ, THOMAS</b>
STREET ADDRESS	<b>1805 HIGHPOINT DR</b>	3.3 STREET ADDRESS	<b>1805 High Point Drive</b>
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	3.4 CITY-ST-ZIP	<b>Naperville, IL 60563-9375</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>ASST. T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEITZEN, STEVEN C.</b>	4.2 NAME	<b>YEDINAK, DAVID A.</b>
STREET ADDRESS	<b>1805 HIGH POINT DRIVE</b>	4.3 STREET ADDRESS	<b>1805 High Point Drive</b>
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	4.4 CITY-ST-ZIP	<b>Naperville, IL 60563-9375</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>MARSH, JEREMIAH</b>	5.2 NAME	
STREET ADDRESS	<b>1805 HIGH POINT DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPERVILLE IL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]*      **4/13/98 (630) 505-3100**

CR2E034 (10/97)