

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 3:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **857714**

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



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/13/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-3105380	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MEITZEN, GAYLIA R	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563
VT	GOLDSTEIN, BRADLEY J	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563 LS
F	YEDINAK, DAVID A	1805 HIGHPOINT DR	NAPERVILLE IL 60563
SV	SAWICZ, RICHARD		
AT	YEDINAK, DAVID A	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563
DV	HEER, TIMOTHY		
P	MARSH, JEREMIAH	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563
M	COTE, BRIAN		
P	SAWICZ, THOMAS	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **800002089668-4**
 City **FL** State Zip Code **01/06/00-01002-004**
*****750.00 ***750.00**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Barbara A. Burke* **BARBARA A. BURKE**
SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date **12/3/99**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Bradley J. Goldstein* **BRADLEY J. GOLDSTEIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SENIOR VICE PRESIDENT

Date **11-29-99** Daytime Phone # **630 577 8404**