FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

Jul 24, 2001 8:00 am F00000003454 **DOCUMENT # Secretary of State** 1. Entity Name AON RE INC. 07-24-2001 90009 016 ***550.00 Principal Place of Business Mailing Address C/O JEROME I. BAER C/O JEROME I. BAER 123 NORTH WACKER DRIVE 123 NORTH WACKER DRIVE CHICAGO IL 60606 CHICAGO IL 60606 Principal Place of Business KANDOI DO NOT WRITE IN THIS SPACE . Ant_#, etc Applied For 4. FEI Number 36-3599313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM. --Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PCEO** ☐ Change Addition ☐ Delete TITLE TITLE BUNGERT, MICHAEL G NAME NAME 123 N. WACKER DRIVE STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change CD TITLE TITLE Delete DAVIES, PAUL R NAME STREET ADDRESS STREET ADDRESS 123 N. WACKER DRIVE CITY-ST-7IP CHICAGO IL 60606 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROGERS: THOMAS A NAME NAME 123 N. WACKER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE KELLEY, DAVID M NAME NAME 123 N. WACKER DRIVE STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP CITY-ST-ZIP CE-PRESIG Change COO Delete TITLE TITLE WOLL, MICHAEL G NAME NAME STREET ADDRESS 123 N. WACKER DRIVE STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP GICAGO CITY-ST-ZIP Addition ☐ Change TITLE TITI F Delete HARDY, ARLENE H NAME NAME 123 N. WACKER DRIVE STREET ADDRESS STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP CITY-ST-7IP 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 11 or Block 12 if