

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 026 ***150.00

DOCUMENT # F01000000279

1. Entity Name

AON RISK SERVICES, INC. OF ARKANSAS

Principal Place of Business

315 W. 3RD
 LITTLE ROCK AR 72201

Mailing Address

315 W. 3RD
 LITTLE ROCK AR 72201

2. Principal Place of Business

200 E. RANDOLPH DR.

3. Mailing Address

P.O. BOX 8264

Suite, Apt. #, etc.

TAX DEPT, 4TH FL.

Suite, Apt. #, etc.

TAX DEPT, 4TH FL.

City & State

CHICAGO, IL

City & State

CHICAGO, IL

Zip

60601

Country

USA

Zip

60680

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

71-0652606

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCKINGTON, KENNETH J 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDY, ARLENE H 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JESCHKE, ARLENE 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAER, JEROME I 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRY, RICHARD E 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLA, LEONARD V 315 W. 3RD LITTLE ROCK AR	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD S. MARK BROCKINGTON 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEROME I. BAER 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIANE M. Agotti 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARLENE JESCHKE 200 E. Randolph Dr., Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD E. BARRY 200 E. RANDOLPH DR CHICAGO, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL D. O'HALLERAN 200 East Randolph Dr., 4th Fl. Chicago, IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)