

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 22, 2003 8:00 am  
Secretary of State

04-22-2003 90117 001 \*1,200.00

DOCUMENT # F01000000279

1. Entity Name

AON RISK SERVICES, INC. OF ARKANSAS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 E RANDOLPH

Suite, Apt. #, etc.

TAX DEPT. 4TH FLOOR

City & State

CHICAGO, IL

Zip

60601

Country

3. Mailing Address

P.O. BOX 8264

Suite, Apt. #, etc.

City & State

CHICAGO, IL

Zip

60680-8264

Country

4. FEI Number

71-0652606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

120 HAYS STREET

City

TALLAHASSEE

FL

Zip Code  
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY - ST - ZIP

See Attached List -  
All Officers & Directors Are Located At:  
200 E. Randolph Dr., Chicago, IL 60601

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/03 312-381-3298

Date

Daytime Phone #

55028858

**Directors / Officers Report****Aon Risk Services, Inc. of Arkansas****Directors**

	Effective
Richard E. Barry	09/01/2000
S. Mark Brockinton	08/30/1996
Michael D. O'Halleran	10/24/2001

**Officers**

	Effective
S. Mark Brockinton	08/30/1996
Gregory M Golden	10/25/2001
Diane M. Aigotti	11/17/2000
Leonor de la Torre	04/01/2002
Richard E. Barry	09/01/2000
Craig I. Coit	11/01/2002
Gregory M Golden	10/25/2001
Harold LeVaughn Hooks Jr.	01/17/2003
Jennifer L. Kraft	01/17/2003
Lisa A. Rowe	12/31/2002
Paul T. Slamar	07/20/2001
Paulette Solinski	07/20/2001
Richard L. Vodziak	11/15/2002

Attachment # FD1000000279/58028888