

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90971 050 ***150.00

DOCUMENT # F01000004604

1. Entity Name
GALLAGHER HEALTHCARE INSURANCE SERVICES, INC.



Principal Place of Business
820 GESSNER, SUITE 1000
HOUSTON TX 77024

Mailing Address
820 GESSNER, SUITE 1000
HOUSTON TX 77024



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
76-0681232

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GALTNEY, WILLIAM F JR.**
STREET ADDRESS **820 GESSNER, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BLANKENSHIP, CRYSTO**
STREET ADDRESS **820 GESSNER, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **CLOHERTY, MICHAEL J**
STREET ADDRESS **TWO PIERCE PL**
CITY-ST-ZIP **ITASCA IL 60143**

TITLE ☒ Change ☐ Addition
NAME **John C. Rosenberger**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **LAZZARO, JACK H**
STREET ADDRESS **TWO PIERCE PL**
CITY-ST-ZIP **ITASCA IL 60143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BRANIFF, JAMES J III**
STREET ADDRESS **TWO PIERCE PL**
CITY-ST-ZIP **ITASCA IL 60143**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **FASONE, JAMES M**
STREET ADDRESS **820 GESSNER, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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 (10/02)