2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F03000005691 04-30-2004 90319 004 ***150.00 CONTINENTAL SERVICE PROVIDER, INC. Principal Place of Business Mailing Address **ハエハズハオオ**1 CNA PLAZA **CNA PLAZA** CHICAGO, IL 60685 CHICAGO, IL 60685 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FELNumber Not Applicable 22-3875980 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DCOO TITLE TITLE Delete Change ☐ Addition NAME BECKER, JOEY H NAME 333 S WABASH CNA Plaza STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP AS THUE ☐ Delete TITLE X Change ☐ Addition BECKER, JOEY H NAME NAME CNA Plaza STREET ADDRESS 333 S WABASH STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CiTY-ST-ZIP DCFO TITLE ☐ Delete TITLE X Change ☐ Addition SAUNDERS, JOAN B NAME NAME STREET ADDRESS 333 S WABASH STREET ADDRESS CNA Plaza CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SAUNDERS, JOAN B NAME NAME 333 S WABASH CNA Plaza

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.

Jerry F. Sliwa

SIGNATURE: \

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CHICAGO, IL 60685

WILSON, PETER W

CHICAGO, IL 60685

FLEISCHNER JEAN K

CHICAGO, IL 60685

333 S WABASH

333 S WABASH

SVP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Assistant Vice President

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CNA Plaza

CNA Plaza

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4/21/04

312-822**-**7191

Change

Change

■ Addition

■ Addition

Daytime Phone #

FILED

Current Officers & Directors

Continental Service Provider, Inc.

DirectorTitleJoey H. BeckerDirectorJoan B. SaundersDirectorPeter W. WilsonDirector

Doct Fo 300005691

Officer

<u>Title</u>

Joey H. Becker

Chief Operating Officer & Assistant Secretary
Chief Executive Officer & President

Joan B. Saunders Jean K. Fleischner

Senior Vice President & General Counsel

Sandra Gray

Senior Vice President & Chief Financial Officer

Robert Ricky Jones Robert J. Grob Senior Vice President Assistant Vice President

Mary A. Ribikawskis

Assistant Vice President & Secretary

Jerry F. Sliwa

Assistant Vice President

ADDRESS OF OFFICERS AND DIRECTORS

CNA Plaza

2

Chicago, IL 60685