

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90148 004 \*\*\*150.00

<b>DOCUMENT # F03000005691</b> 1. Entity Name <b>CONTINENTAL SERVICE PROVIDER, INC.</b>					
Principal Place of Business <b>CNA PLAZA CHICAGO, IL 60685</b>			Mailing Address <b>CNA PLAZA CHICAGO, IL 60685</b>		
2. Principal Place of Business <b>CNA Center</b> Suite, Apt. #, etc.		3. Mailing Address <b>CNA Center</b> Suite, Apt. #, etc. <b>State Specific, 28-S</b>			
City & State <b>Chicago, IL</b>		City & State <b>Chicago, IL</b>		4. FEI Number <b>22-3875980</b>	
Zip <b>60685</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: DCOO <input type="checkbox"/> Delete NAME: BECKER, JOEY H STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: DCOOAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CNA Center STREET ADDRESS: Chicago, IL 60685 CITY-ST-ZIP:		
TITLE: AS <input type="checkbox"/> Delete NAME: BECKER, JOEY H STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: AVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Jerry F. Sliwa STREET ADDRESS: CNA Center CITY-ST-ZIP: Chicago, IL 60685		
TITLE: DCEO <input type="checkbox"/> Delete NAME: SAUNDERS, JOAN B STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: DCEOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CNA Center STREET ADDRESS: Chicago, IL 60685 CITY-ST-ZIP:		
TITLE: P <input type="checkbox"/> Delete NAME: SAUNDERS, JOAN B STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: AVPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Mary A. Ribikawskis STREET ADDRESS: CNA Center CITY-ST-ZIP: Chicago, IL 60685		
TITLE: D <input type="checkbox"/> Delete NAME: WILSON, PETER W STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CNA Center STREET ADDRESS: Chicago, IL 60685 CITY-ST-ZIP:		
TITLE: SVP <input type="checkbox"/> Delete NAME: FLEISCHNER, JEAN K STREET ADDRESS: CNA PLAZA CITY-ST-ZIP: CHICAGO, IL 60685			TITLE: SVPGC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: CNA Center STREET ADDRESS: Chicago, IL 60685 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: <u>Jerry F. Sliwa</u> <b>Jerry F. Sliwa, Assistant Vice President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-7-05 <small>Date</small>	
				312-822-7191 <small>Daytime Phone</small>	

# ATTACHMENT

## Current Officers & Directors

### Continental Service Provider, Inc.

#### Director

Joey H. Becker  
Joan B. Saunders  
Peter W. Wilson

#### Title

Director  
Director  
Director

#### Officer

Joey H. Becker  
Joan B. Saunders  
Jean K. Fleischner  
Sandra Gray  
Robert Ricky Jones  
Robert J. Grob  
Mary A. Ribikawskis  
Jerry F. Sliwa

#### Title

Chief Operating Officer & Assistant Secretary  
Chief Executive Officer & President  
Senior Vice President & General Counsel  
Senior Vice President & Chief Financial Officer  
Senior Vice President  
Assistant Vice President  
Assistant Vice President & Secretary  
Assistant Vice President

### ADDRESS OF OFFICERS AND DIRECTORS

CNA Center  
Chicago, IL 60685

20029497  
# P03000005691