SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F05197

(1)

FILED Aug 22 1997 8:00am Secretary of State

AON RI	SK SERVICES, INC. OF FLO	DRIDA			
Principal Plac	e of Business	Mailing Address		T I I I I I I I I I I I I I I I I I I I	DI BIBUS BIBUT BEBYT BIBUT BEBUT BUBIT 1884
123 N. WACKE 26TH FLOOR CHICAGO IL 6 US		123 N. WACKER DR 26TH FLOOR CHICAGO IL 60606 US		DO NOT WRITE IN THIS SPACE	
°° •		00		 Date Incorporated or Qualified 11/12/1980 	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-1414112	Not Applicable
Suite, Apt. #, etc.		27 P.O. DOX 8264		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 Chicago	11_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip (00690)	Country 30 COOK	This corporation owes or has p Personal Property Tax due Jun	
[4]	9, Name and Address of Curren			10. Name and Address of New R	
CT	CORPORATION SYSTEM	<u> </u>	81 Name		
1000 C DINE ICI AND POAD				ddress (P.O. Box Number is Not Accepta	nia)
PLA	INTATION FL 33324		5.100178	darbes (1.0. Bex Herristria 1701 Necepta	ibioy
			83		
1			84 City		85 Zip Code
					FL
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered again	out and little if equilicable. (AICLE:	Rogistered Agent signature re	neutral when reinstation	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	DELETE	1.1 TITLE	MORECTOR	☐ Change
NAME	QUERN, ARTHUR	,	1.2 NAME	JOELLEEDUNN	
STREET ADDRESS	123 NORTH WACKER DR.		1.3 STREET ADDRESS	Joel Leebunn 23N Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL		1.4 City-St-ZiP	chicago 12 6060	
TITLE	P TOOL TOOL	☐ DELET E	2.1 TITLE	,	Change Addition
NAME	WILCOX, TERRY		2.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	- Course	2. 4 CITY - ST - ZIP		
TITLE	RECUIVE ADIENIE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JESCHKE, ARLENE 123 NORTH WACKER DR.		3.2 NAME		Ţ
STREET ADDRESS	CHICAGO, IL 00000		3 3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	VP	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME	HANNER, JEROME S.		4.1 TILE 4. 2 NAME		
STREET ADDRESS	123 NORTH WACKER DR.		4.2 NAME 4.3 STREET ADDRESS		Ì
CITY-ST-ZIP	CHICAGO IL		4.4 CITY - ST - ZIP		
TITLE	T	DELETE	51 TITLE		☐ Change ► Addition
NAME	RABIN, PAUL I.	/ -	52 NAME	PRLENE H. HAROY	. —
STREET ADDRESS	123 NORTH WACKER DR.		5.3 STREET ADDRESS	123N WACKER DR	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY - ST - ZIP	HICAGO 11-6060	6
TITLE	AV	DELETE	6.1 TITLE	MD	☐ Change ► Addition
NAME	GROB, ROBERT	•	G O NIANE	WEAL MALL	
STREET ADDRESS	123 NORTH WACKER DR.		6.3 STREET ADDRESS	23NWACKER OR.	
CITY-ST-ZIP	CHICAGO IL		6.4 CHTY-ST-ZIP	4hcago 16 600	06
14 1 do here	by certify that the information supplied	d with this filing does not qualify	for the exemption sta	ited in Section 119.07(3)(i), Florida Statut	es. I further certify that the

in a nereby certify that the information suppried with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in the group of or on an attachment with an address.

CIGNATURE:

dimonth.

O' Silvan G. d

KIS GZ

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