
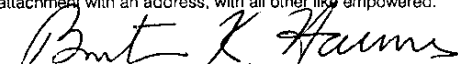


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90211 002 \*\*\*150.00

<b>DOCUMENT # F0600007709</b>			
1. Entity Name <b>ONECIS INSURANCE COMPANY</b>			
Principal Place of Business <b>580 WATERS EDGE - STE 210 OAK CREEK CENTER LOMBARD, IL 60148-6432</b>		Mailing Address <b>% US LABORATORIES INC <del>11860 W STATE RD 84 - STE 1</del> FT LAUDERDALE, FL 33325</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>c/o ORRICK, ATTN: B. HAIMES</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>666 FIFTH AVE., #2139</b>	
City & State		City & State <b>NEW YORK, NY</b>	
Zip	Country	Zip	Country
<b>10103</b>	<b>USA</b>	<b>10103</b>	<b>USA</b>
4. FEI Number <b>36-2738349</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<del>VP</del> <input type="checkbox"/> Delete	TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, DICKERSON C</b>	NAME	
STREET ADDRESS	<b>% US LAB INC-11860 W STATE RD 84-STE 1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33325</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONG, RICHARD</b>	NAME	
STREET ADDRESS	<b>% US LAB INC-11860 W STATE RD 84-STE 1</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 33325</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAIMES, BURTON K</b>	NAME	
STREET ADDRESS	<b>666 FIFTH AVE</b>	STREET ADDRESS	<b>c/o ORRICK, 666 FIFTH AVE., #2139</b>
CITY-ST-ZIP	<b>NEW YORK, NY 101030001</b>	CITY-ST-ZIP	
TITLE	<del>SD</del> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARDAN, FRANCOIS</b>	NAME	
STREET ADDRESS	<b>17 BIS PLACES DES REPLETS, LA DEFENSE 2, 92400</b>	STREET ADDRESS	<b>17 BIS, PL DES REPLETS - LA DEFENSE 2</b>
CITY-ST-ZIP	<b>COURBEVOIE, FRANCE,</b>	CITY-ST-ZIP	<b>COURBEVOIE, FRANCE 92400</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RZONCA, GREGORY F</b>	NAME	
STREET ADDRESS	<b>%ROBERT HUNT CO-580 WATERS EDGE-STE 201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LOMBARD, IL 601486432</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEEKE, DENNIS</b>	NAME	
STREET ADDRESS	<b>%ROBERT HUNT CO-580 WATERS EDGE-STE 201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LOMBARD, IL 601486432</b>	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<b>Burton K. Haimés</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4-26-07</b> (212) 506-5055 Daytime Phone #	

ATTACHMENT

40086699

DOCUMENT #F06000007709

Entity Name: ~~ONECIS INSURANCE COMPANY~~

Annex to Florida 2007 For Profit Corporation Annual Report

Block 11 – Additional Officers

Title FINANCIAL CONTROLLER  
Name DAMASCENO, LUIS  
Address 11860 W. STATE ROAD 84, STE. 1  
FORT LAUDERDALE, FL 33325

Title VICE PRESIDENT  
Name MONDELLO, JANICE  
Address ONE BEACON STREET, 13TH FLOOR  
BOSTON, MA 02108

Title DIRECTOR  
Name CHIPPAS, STEPHEN J.  
Address 580 WATERS EDGE, SUITE 201  
LOMBARD, IL 60148