FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

500001774505
-04/09/96--01123--035
***200.00

DOCUMENT # **F93000005034 (4)**

1. Corporation Name

CONTINENTAL SOLUTION, INC.

Principal Place of Business	Mailing Address
ONE CONTINENTAL DR. CRANBURY NJ 08570	ONE CONTINENTAL DR. CRANBURY NJ 08570

3. Date Incorporated or Qualified: **11/08/1993**

3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business
21 **CNA Plaza 31S**
Suite, Apt. #, etc.
22 **333 S. Wabash**
City & State
23 **Chicago IL**
Zip 24 **60685** Country 25 **US**

2a. Mailing Address
26 **CNA Plaza 31S**
Suite, Apt. #, etc.
27 **333 S. Wabash**
City & State
28 **Chicago IL**
Zip 29 **60685** Country 30 **US**

4. FEI Number: **52-1737576** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT SYSTEM
1200 SOUTH PINE ISLAND ROAD
2ND FLOOR
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NEW Registered Agent's signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President/director	☐ Change ☒ Addition
NAME	RICH, ROBERT		1.2 NAME	Adrian M. Tocklin	
STREET ADDRESS	6800 PARAGON PL., #400		1.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	RICHMOND VA 23230		1.4 CITY-ST-ZIP	Chicago IL 60685	
TITLE	VSD	☒ DELETE	2.1 TITLE	SVP/D	☐ Change ☒ Addition
NAME	GRILLO, THOMAS F		2.2 NAME	Donald M. Lowry	
STREET ADDRESS	ONE CONTINENTAL DR.		2.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CRANBURY NJ 08570		2.4 CITY-ST-ZIP	Chicago IL 60685	
TITLE	T	☒ DELETE	3.1 TITLE	SVP/D	☐ Change ☒ Addition
NAME	COLALUCCI, FRANK M.		3.2 NAME	Peter E. Jokiel	
STREET ADDRESS	ONE CONTINENTAL DR.		3.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CRANBURY NJ		3.4 CITY-ST-ZIP	Chicago IL 60685	
TITLE	D	☒ DELETE	4.1 TITLE	AVP/D	☐ Change ☒ Addition
NAME	ROTH, JOSEPH P.		4.2 NAME	Pamela S. Dempsey	
STREET ADDRESS	ONE CONTINENTAL DR.		4.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	CRANBURY NJ		4.4 CITY-ST-ZIP	Chicago Il 60685	
TITLE	VPD	☒ DELETE	5.1 TITLE	Controller	☐ Change ☒ Addition
NAME	SHEVLIN, JIM		5.2 NAME	Patricia L. Kubera	
STREET ADDRESS	6800 PARAGON PLACE, SUITE 400		5.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP	Chicago IL 60685	
TITLE		☐ DELETE	6.1 TITLE	Asst. Sec	☐ Change ☒ Addition
NAME			6.2 NAME	Mary A. Ribikawskis	
STREET ADDRESS			6.3 STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Chicago IL 60685	

4-9-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ribikawskis 3-28-96 312-822-6312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #