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**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90023 004 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000002372**

1. Corporation Name

**GALAHER SETTLEMENTS AND INSURANCE SERVICES COMPA  
NY, INC.**

Principal Place of Business

1311 N. WESTSHORE BLVD.  
312  
TAMPA FL 33607  
US

Mailing Address

1311 N. WESTSHORE BLVD.  
312  
TAMPA FL 33607  
US

2. Principal Place of Business

21 123 N. Wacker Dr.

Suite, Apt. #, etc.

22 Chicago, IL 60606

23 City & State

24 60606

25 USA

2a. Mailing Address

26 Tax Dept

Suite, Apt. #, etc.

27 PO Box 8264

28 Chicago, IL

29 60680

30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

95-3573542

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELVELLHIO, SCOTT  
1311 N. WESTSHORE BLVD.  
#312  
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ADAMS, JOHN Q  
STREET ADDRESS TWO HARPER CIR.  
CITY-ST-ZIP ANDOVER MA 01810

TITLE S ☐ DELETE

NAME MEARS JR, W. CAMPBELL  
STREET ADDRESS 7 PIPERS GLEN  
CITY-ST-ZIP ANDOVER MA

TITLE T ☐ DELETE

NAME WEENER, DAVID H  
STREET ADDRESS FOUR BUTTONWOOD DR  
CITY-ST-ZIP ANDOVER MA

TITLE C ☐ DELETE

NAME GALAHER, ROBERT E II  
STREET ADDRESS 25 CHOATE LN.  
CITY-ST-ZIP IPSWICH MA

TITLE V ☐ DELETE

NAME MURPHY, PATRICK J  
STREET ADDRESS 5 WILLIAMS WAY  
CITY-ST-ZIP DURHAM NH 03824

TITLE V ☐ DELETE

NAME SCHNEYER, GERARD V JR  
STREET ADDRESS 8939 BRIAR FOREST DR.  
CITY-ST-ZIP HOUSTON TX 77024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-Taxes ☐ Change ☒ Addition

1.2 NAME Jerome I. Baer  
1.3 STREET ADDRESS 123 N. Wacker Dr.  
1.4 CITY-ST-ZIP Chicago, IL 60606

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)