

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90800 041 \*\*\*150.00

**DOCUMENT # F94000002372**  
 1. Entity Name

## GALAHER SETTLEMENTS AND INSURANCE SERVICES COMPANY, INC.

Principal Place of Business  
**123 N WACKER DR**  
**CHICAGO IL 60606**

Mailing Address  
**TAX DEPT**  
**PO BOX 8264**  
**CHICAGO IL 60680**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**95-3573542**

Applied For  
 Not Applicable

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

**659160**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DELVELLHIO, SCOTT**  
**1311 N. WESTSHORE BLVD**  
**#312**  
**TAMPA FL 33607**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

### 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ADAMS, JOHN Q</b> <b>TWO HARPER CIR.</b> <b>ANDOVER MA 01810</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>MEARS JR, W. CAMPBELL</b> <b>7 PIPERS GLEN</b> <b>ANDOVER MA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WEENER, DAVID H</b> <b>FOUR BUTTWOOD DR</b> <b>ANDOVER MA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C</b> <b>GALAHER, ROBERT E II</b> <b>25 CHOATE LN.</b> <b>IPSWICH MA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>MURPHY, PATRICK J</b> <b>5 WILLIAMS WAY</b> <b>DURHAM NH 03824</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>SCHNEIDER, GERARD V JR</b> <b>8939 BRIAR FOREST DR.</b> <b>HOUSTON TX 77024</b>	<input type="checkbox"/> Delete

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BAER, JEROME</b> <b>123 N WACKER DR</b> <b>CHICAGO IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>AIGOTTI, DIANE</b> <b>123 N. WACKER DR.</b> <b>CHICAGO, IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JESCHKE, ARLENE</b> <b>123 N. WACKER DR</b> <b>CHICAGO, IL 60606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerome I Baer **JEROME I. BAER VP-TAXES** 312-701-3600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #