

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.)

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000988 (3)

1. Corporation Name

AON RISK SERVICES, INC. OF OREGON

Principal Place of Business

123 N. WACKER DR.
CHICAGO IL 60606

Mailing Address

123 N. WACKER DR.
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 D.O. Box 8264

27 City & State

28 Chicago IL

4. FEI Number

93-0599649

Applied For

Not Applicable

6. 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME COLE, RICHARD M
STREET ADDRESS 1211 SW FIFTH AVE.
CITY-ST-ZIP PORTLAND OR 97204-3799

TITLE DV
NAME HUNGER, DANIEL F
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE D
NAME QUERN, ARTHUR F
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE D
NAME SACIA, JOHN F
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

TITLE CEOP
NAME STIRLING, DOUGLAS S
STREET ADDRESS 1211 SW FIFTH AVE.
CITY-ST-ZIP PORTLAND OR 97204-3799

TITLE T
NAME RABIN, PAUL I
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME RON W. FORREST
3.3 STREET ADDRESS 123 N. WACKER DR.
3.4 CITY-ST-ZIP CHICAGO IL 60606

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 T
6.3 STREET ADDRESS ARLENE H. HARON
6.4 CITY-ST-ZIP 123 N WACKER DR.
CHICAGO IL 60606

14. I do 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.

SIGNATURE:

[Signature]

Susan M. Fyda

8-15-97

312-70-3975

CR2E034 (4/97)