

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90170 047 ***150.00

DOCUMENT # F96000000988

1. Corporation Name

AON RISK SERVICES, INC. OF OREGON

Principal Place of Business

123 N. WACKER DR.
CHICAGO IL 60606

Mailing Address

P.O. BOX 8264
CHICAGO IL 60690
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number

93-0599649

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

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME
D
FORREST, RON W
STREET ADDRESS
123 N. WACKER DR.
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
T
HARDY, ARLENE H
STREET ADDRESS
123 N. WACKER DR.
CITY-ST-ZIP
CHICAGO IL

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 ☐ 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

V.
Jerome I. Baer
123 N. Wacker Dr.
Chicago, IL 60606

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: JEROME I. BAER

04/28/99 312 701-3640

SIGNATURE

JEROME I. BAER / V.P. TAXES

Date

Daytime Phone #

CR2E034 (1/98)