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FILED

Mar 26 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 # F96000002299 (3)

1. Corporation Name

MMI RISK MANAGEMENT RESOURCES, INC.

Principal Place of Business

540 LAKE COOK ROAD  
DEERFIELD IL 60015

Mailing Address

540 LAKE COOK ROAD  
DEERFIELD IL 60015-5289



2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

23  
Zip

Country

24

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BORACA, SOPHIE  
7800 SOUTHLAND BLVD., STE 158  
ORLANDO FL 32809

3. Date Incorporated or Qualified

05/07/1996 ~~07/07/92~~

3a. Date of Last Report

4. FEI Number

36-3812181

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

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 196 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	HAJEK, ANNA M	540 LAKE COOK ROAD	DEERFIELD IL	<input type="checkbox"/>
V	LOCKOWITZ, PAMELA A	540 LAKE COOK ROAD	DEERFIELD IL	<input type="checkbox"/>
SD	SINCLAIR, WAYNE A	540 LAKE COOK ROAD	DEERFIELD IL	<input type="checkbox"/>
T	GUNDER, PETER C	540 LAKE COOK ROAD	DEERFIELD IL	<input checked="" type="checkbox"/>
CD	BECKER, B F	540 LAKE COOK ROAD	DEERFIELD IL	<input type="checkbox"/>
V	HARRIS, ROBERT L	540 LAKE COOK ROAD	DEERFIELD IL	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	Paul M. Orzech	540 Lake Cook Road	Deerfield, IL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
V	Michelle M. Cooney	540 Lake Cook Road	Deerfield, IL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.

SIGNATURE:

*Paul M. Orzech*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Orzech

3/20/97

(847)

374-2369

Date

Day/Mo/Phone #

CR2E034 (9/96)