

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

05-22-2001 90044 008 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000003921**

1. Entity Name

**AON TECHNICAL INSURANCE SERVICES, INC.**

Principal Place of Business	Mailing Address
123 N. WACKER DRIVE CHICAGO, ILLINOIS 60680	P.O. BOX 8264 CHICAGO, IL 60680-8264

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

36-3916595

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.  
(See criteria on back) ☐

**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	D	<input type="checkbox"/> Delete
NAME	BALIGA, WAYNE J	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, DAVID L	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	S	<input type="checkbox"/> Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HARDY, ARLENE H	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	D/V	<input checked="" type="checkbox"/> Delete
NAME	PEGGINS, JANET	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	V	<input type="checkbox"/> Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

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

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY, RICHARD E	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGMANN, PAUL	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY - ST - ZIP	CHICAGO, ILLINOIS 60680	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 VP-TAXES**

**312-701-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #