

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90239 043 ***150.00

0850361 AT

DOCUMENT # F96000006312

1. Entity Name
GALLAGHER BENEFIT ADMINISTRATORS, INC.



Principal Place of Business
2 PIERCE PLACE
ITASCA IL 60143

Mailing Address
2 PIERCE PLACE
ITASCA IL 60143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 36-4099199

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CLOHERY, MICHAEL J.	2 PIERCE PLACE	ITASCA IL 60143	<input type="checkbox"/>
	CD DURKIN, JAMES W JR	2 PIERCE PLACE	ITASCA IL	<input type="checkbox"/>
	V ROSENGREN, JOHN C	2 PIERCE PLACE	ITASCA IL 60143	<input type="checkbox"/>
	V CARAHER, JOHN J	2 PIERCE PLACE	ITASCA IL 60143	<input type="checkbox"/>
	PD FANSLER, GARY R	2 PIERCE PLACE	ITASCA IL	<input type="checkbox"/>
	T LAZZARO, JACK H	TWO PIERCE PL	ITASCA IL 60143	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D ir James W. Durkin, Jr.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** Treasurer 2-17-03 630-773-3800
Date Daytime Phone #

CR2E034 (10/02)