


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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90098 036 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000006724</b>					
1. Corporation Name <b>SETTLEMENT OPTIONS, INC.</b>					
Principal Place of Business <b>CNA PLAZA C/O STATUTORY REPORTING - 21S CHICAGO IL 60685 US</b>			Mailing Address <b>CNA PLAZA C/O STATUTORY REPORTING - 21S CHICAGO IL 60685 US</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/23/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>13-3244872</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For <b>Not Applicable</b>	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country <b>25</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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	PDC <input type="checkbox"/> DELETE				
NAME	NELSON, JAMES W				
STREET ADDRESS	1255 BROOK CROSSING CT.				
CITY-ST-ZIP	NAPLerville IL 60564				
TITLE	S <input type="checkbox"/> DELETE				
NAME	RIBIKAWSKIS, MARY A				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL 60685				
TITLE	VPT <input checked="" type="checkbox"/> DELETE				
NAME	NATHAN, LEW				
STREET ADDRESS	CNA PLAZA				
CITY-ST-ZIP	CHICAGO IL				
TITLE	V <input type="checkbox"/> DELETE				
NAME	GEORGE-RATZ, MARGE				
STREET ADDRESS	2204 ELM TREE LANE				
CITY-ST-ZIP	CROWN POINT IN 46307				
TITLE	V <input type="checkbox"/> DELETE				
NAME	ROESER, JOHN				
STREET ADDRESS	1682 TRAFALGAR LANE				
CITY-ST-ZIP	AURORA IL 60504				
TITLE	V <input type="checkbox"/> DELETE				
NAME	KUZMA, PETER				
STREET ADDRESS	634 FERNFIELD CIR.				
CITY-ST-ZIP	WAYNE PA 19087				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	VPT Pamela S. Dempsey				
3.3 STREET ADDRESS	CNA Plaza				
3.4 CITY-ST-ZIP	Chicago, IL 60685				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

312-822-3905

Daytime Phone #

CR2E034 (1/98)

0528104

SETTLEMENT OPTIONS, INC.

288392-90098-36  
F96000006724

OFFICERS

<i>Chairman of the Board and President</i>	<i>James W. Nelson</i>
<i>Vice President</i>	<i>Lew Nathan</i>
<i>Vice President</i>	<i>Marge George-Ratz</i>
<i>Vice President</i>	<i>John Roeser</i>
<i>Vice President</i>	<i>Peter Kuzma</i>
<i>Vice President and Treasurer</i>	<i>Pamela S. Dempsey</i>
<i>Vice President</i>	<i>Lawrence J. Boysen</i>
<i>Assistant Vice President</i>	<i>Steven Harms</i>
<i>Secretary</i>	<i>Mary A. Ribikawskis</i>
<i>Assistant Secretary</i>	<i>Robert J. Grob</i>
<i>Assistant Secretary</i>	<i>Robert D. Winkenbach</i>

DIRECTORS

*Dennis H. Chookaszian*  
*James Flood*  
*James W. Nelson*  
*William H. Sharkey, Jr.*

*Address for all the above:*  
*CNA Plaza*  
*Chicago, IL 60685*

5/98