2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90157 039 ***150.00

DOCUMENT # F97000001123

1. Entity Name

AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC.

701712

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
750 NORTH LAKE SHORE DRIVE CHICAGO IL 60611	750 NORTH LAKE SHORE DRIVE CHICAGO IL 60611-4403

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 36-3650005 ☐ Applied For ☐ Not Applicable

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
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PFEIFFER, TIMOTHY C 750 NORTH LAKESHORE DR CHICAGO IL 60611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P William W. Falsgraf 3200 National City Center Cleveland, OH 44114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDREWS, J D 1201 THIRD AVENUE 40TH FLOOR SEATTLE WA 98101-3099	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arthur Leibold, JR. 1775 Eye Street, N.W. Washington, DC 20006	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SLEDD, HERBERT D 250 WEST MAIN STREET LEXINGTON KY 40507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCLEARN, WILLIAM C 555 17TH STREET, SUITE 2900 DENVER CO 80202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHMOND, ALICE 1 BEACON ST BOSTON MA 02108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, SAMUEL S 701 BRICKELL AVE 19TH FL MIAMI FL 33131-2793	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 1/6/00 312 986 6415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #