2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 18, 2004 8:00 am
Secretary of State
03-18-2004 90028 009 ***150.00

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01072004 Chg-P CR2E034 (10/03)

DOCUMENT # F97000001123

1. Entity Name
AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC.

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

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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, 2004 Fee will be $550.00

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	V PFEIFFER, TIMOTHY C 750 NORTH LAKESHORE DR CHICAGO, IL 60611	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President William R. Bear 750 North Lakeshore Drive Chicago, IL. 60611	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDREWS, J D 1201 THIRD AVENUE 40TH FLOOR SEATTLE, WA 981013099	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 LEIBOLD, ARTHUR JR 177E EYE ST NW WASHINGTON, DC 20006	☐ 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	P FALSQRAF, WILLIAM W 3200 NATIONAL CITY CENTER CLEVELAND, OH 44114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: William R Bear 3/5/04 312-988-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #