

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90040 021 ***150.00

DOCUMENT # F97000001123
1. Entity Name
AMERICAN BAR INSURANCE PLANS CONSULTANTS, INC.



Principal Place of Business
**750 NORTH LAKE SHORE DRIVE
CHICAGO IL 60611**

Mailing Address
**750 NORTH LAKE SHORE DRIVE
CHICAGO IL 60611**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3650005**

Applied For
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

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **V** ☐ Delete
NAME **PFEIFFER, TIMOTHY C**
STREET ADDRESS **750 NORTH LAKESHORE DR**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **PIKE POWERS**
STREET ADDRESS **600 CONGRESS AVE., Suite 2400**
CITY-ST-ZIP **Austin, TX 78701**

TITLE **V** ☐ Delete
NAME **ANDREWS, J D**
STREET ADDRESS **1201 THIRD AVENUE 40TH FLOOR**
CITY-ST-ZIP **SEATTLE WA 98101-3099**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SLEDD, HERBERT D**
STREET ADDRESS **250 WEST MAIN STREET**
CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **MCCLEARN, WILLIAM C**
STREET ADDRESS **555 17TH STREET, SUITE 2900**
CITY-ST-ZIP **DENVER CO 80202**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Arthur Leibold, Jr.**
STREET ADDRESS **1775 Eye Street, NW**
CITY-ST-ZIP **Washington, DC 20006**

TITLE **D** ☐ Delete
NAME **RICHMOND, ALICE**
STREET ADDRESS **1 BEACON ST**
CITY-ST-ZIP **BOSTON MA 02108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **FALSQRAF, WILLIAM W**
STREET ADDRESS **3200 NATIONAL CITY CENTER**
CITY-ST-ZIP **CLEVELAND OH 44114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

Date

312-988-6393

Daytime Phone #

CR2E034 (10/02)