1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700003564

Country

Corporation Name

CNA UNISOURCE, INC.

Principal	Place	of	Business
CNA PLAZ	A		

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

CHICAGO IL 60685

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

26 CNA Plaza

28 Chicago,

Zip

Suite, Apt. #, etc.

27 Statutory Reporting-21S City & State

\_IL\_60685

CNA PLAZA CHICAGO IL 60685

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

04-02-1999 90098 026 \*\*\*150.00



THIS SPACE
Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
ar Intangible ☐ Yes ☐ No

25 29 30 Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

84 City

Personal Property Tax. Yes No

Name and Address of New Registered Agent

85 Street Address (P.O. Box Number is Not Acceptable)

86 City

Personal Property Tax. Yes No

Name and Address of New Registered Agent

87 Street Address (P.O. Box Number is Not Acceptable)

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, and accept the obligations of Section 607.0505. Florida Statutes.

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)  OATE											
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO		RS IN 12					
		DELETE	13.	ABBITTOTION OF THE COLUMN	Change	Addition					
TITLE .	VV	C) OCCUPIC				<u> </u>					
NAME )	MCGVICK, MICHAEL S		1.2 NAME								
STREET ADDRESS	CNA PLAZA		1.3 STREET ADDRESS								
CITY-ST-ZIP	CHICAGO IL 60685		1.4 CITY-ST-ZIP								
TITLE	PD	DELETE	2.1 TTLE	PCEO	☐ Change	Addition x					
NAME	KOOKEN, MICHAEL W		2.2 NAME	Najeeb A. Khan							
STREET ADDRESS	CNA PLAZA		2.3 STREET ADDRESS	CNA Plaza							
CITY-ST-ZIP	CHICAGO IL 60685		2.4 CITY-ST-ZIP	Chicago, IL 60685							
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	Addition					
NAME	CACCHIONE, DANIEL A		3.2 NAME								
STREET ADDRESS	CNA PLAZA		3.3 STREET ADDRESS								
CITY-ST-ZIP	CHICAGO IL 60685		3.4. CITY-ST-ZIP								
TITLE	V	DELETE.	4.1 TETLE	SVCFO	Change	☐ Addition					
NAME	GAMACHE, CLAUDIA	<i>,</i>	4. 2 NAME	Milind Agtey							
STREET ADDRESS	CNA PLAZA		4.3 STREET ADDRESS	CNA Plaza							
CITY+ST-ZIP	CHICAGO IL 60685		4.4 CITY+ST-ZIP	Chicago, IL 60685							
TITLE	<u>v</u>	DELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME	KAZAZIAN, ZAVEN		5.2 NAME								
STREET ADDRESS	CNA PLAZA		5.3 STREET ADDRESS			8					
CITY-ST-ZIP	CHICAGO IL 60685		5.4 CITY-ST-ZIP								
TITLE	VC	DELETE	6.1 TITLE	VP	Change	Addition					
NAME	KUBERA, PATRICIA L	İ	6.2 NAME	Lawrence J. Boysen							
STREET ADDRESS	CNA PLAZA		6.3 STREET ADDRESS	CNA Plaza							
בור איז אום	CHICAGO II 60685		64 CITY-ST-ZIP	Chicago, II, 60685							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE PEQUIR ENTRED J. Boysen SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

312-822-5653

Daytime Phone #

CR2E034 (11/98)

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CNA UNISOURCE, Inc.

288382-90098-26 F9700000 3564

## Officers

Chairman of the Board

Michael S. McGavick

Chief Executive Officer & President

Najeeb A. Khan

Senior Vice President - Marketing

Daniel A. Cacchione

Senior Vice President & Chief

Financial Officer

Senior Vice President,

Milind Agtey

General Counsel

& Secretary Senior Vice President

**Enid Tanenhaus** William Shroyer A. Robert O'Bien

Senior Vice President Senior Vice President

Zaven Kazazian John Sullivan

Group Vice President Vice President & Treasurer

Pamela S. Dempsey Lawrence J. Boysen

Vice President

Robert Grob

**Assistant Secretary Assistant Secretary** 

Mary A. Ribikawskis

**Directors** 

Paul Hourihan Michael S. McGavick David T. Cumming Najeeb A. Khan

8/98

ALL LOCATED AT: CNA PLAZA CHICAGO, ILLINOIS 60685