

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000003564**

1. Entity Name

CNA UNISOURCE, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90080 032 ***150.00

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA
STATUTORY REPORTING 21S
CHICAGO IL 60685

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 **36-3203385**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	COBD MCGVICK, MICHAEL S CNA PLAZA CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPSD Gaughan, Geri CNA Plaza Chicago, IL 60685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO KHAN, NAJEEB A CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CACCHIONE, DANIEL A CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCF AGTEY, MILIND CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAZAZIAN, ZAVEN CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GROB, ROBERT J CNA PLAZA CHICAGO IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robert J. Grob, AVP, 04/26/2001**312-822-5194**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

01/17/2001

Current Officers & Directors

CNA UniSource, Inc.

Director

Geri Gaughan
Najeeb A. Khan

Title

Director
Director

Officer

Geri Gaughan
Najeeb A. Khan
Milind Agtey
Daniel A. Cacchione
Zaven K. Kazazian
A. Robert O'Brien
John J. Sullivan, Jr.
Jonathan Cook
Bruce Cumberland
Pamela S. Dempsey
Jeff Scogg
Nancy Weisz
Robert J. Grob
Mary A. Ribikawskis

Title

Senior Vice President, General Counsel & Secretary
Chairman of the Board, Chief Executive Officer and President
Senior Vice President & Chief Financial Officer
Senior Vice President - Marketing
Senior Vice President
Senior Vice President
Group Vice President
Vice President
Vice President
Vice President & Treasurer
Vice President
Vice President
Assistant Vice President
Assistant Vice President & Assistant Secretary

835719
F9700003564

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