


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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

04-02-1999 90098 034 ***150.00

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **F97000004183**

1. Corporation Name
INVESTIGATIVE OPTIONS, INCORPORATED



| | |
|--|---|
| Principal Place of Business CNA PLAZA CHICAGO IL 60685 | Mailing Address CNA PLAZA -Statutory Reporting 21South CHICAGO IL 60685 |
|--|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 08/08/1997 | |
| 4. FEI Number 36-4175448 | | Applied For <input type="checkbox"/> Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

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. 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)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLOOD, JAMES | 1.2 NAME | |
| STREET ADDRESS | CNA PLAZA 40S | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60685 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, JAY S | 2.2 NAME | |
| STREET ADDRESS | CNA PLAZA 40S | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60685 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINELLA, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | CNA PLAZA 40S | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60685 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLOC, JOHN D | 4.2 NAME | |
| STREET ADDRESS | CNA PLAZA 40S | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO IL 60685 | 4.4 CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PIERCE, CATHY | 5.2 NAME | AV Steven Harms |
| STREET ADDRESS | CNA PLAZA 40S | 5.3 STREET ADDRESS | CNA Plaza |
| CITY-ST-ZIP | CHICAGO IL 60685 | 5.4 CITY-ST-ZIP | Chicago, IL 60685 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROHAN, DANIEL | 6.2 NAME | AV William Keating |
| STREET ADDRESS | CNA PLAZA 40S | 6.3 STREET ADDRESS | CNA Plaza |
| CITY-ST-ZIP | CHICAGO IL 60685 | 6.4 CITY-ST-ZIP | Chicago, IL 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

 **STEVEN HARMS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99

Date

312-822-3905

Daytime Phone #

CR2E034 (11/98)

0529106

288390-90098-34
F97000004183

INVESTIGATIVE OPTIONS, INC

OFFICERS

Chairman of the Board
President and Chief Executive
Officer
Vice President, Secretary
and Treasurer

James Flood
Jay S. Williams

Michael A. Minella

Assistant Vice President
and Assistant Treasurer
Assistant Vice President
Vice President
Assistant Vice President
Assistant Vice President
Assistant Vice President
Assistant Secretary
Assistant Secretary

Pamela S. Dempsey
John D. Kloc
Lawrence J. Boysen
Steven Harms
Peggy A. Kingman
William Keating
Mary A. Ribikawskis
Robert J. Grob

DIRECTORS

James P. Flood
Paul F. Hourihan
Jay S. Williams

Business Address for all
Officers and Directors:
CNA Plaza
Chicago, IL 60685