

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90080 037 \*\*\*150.00

**DOCUMENT # F97000004183**

1. Entity Name

**INVESTIGATIVE OPTIONS, INCORPORATED**

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

**CNA Plaza  
 Suite, Apt. #, etc.  
 State Specific - 9S**

Suite, Apt. #, etc.

City & State

**Chicago, Illinois**

Zip

Country

**60685**

**USA**

4. FEI Number **36-4175448**

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

**CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 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 State**

10. 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 **CD** ☒ Delete  
 NAME **CONWAY, PETER P**  
 STREET ADDRESS **CNA PLAZA**  
 CITY-ST-ZIP **CHICAGO IL 60685**

TITLE **VPSTD** ☒ Change ☐ Addition  
 NAME **Bonk, Jr., James J.**  
 STREET ADDRESS **CNA PLAZA**  
 CITY-ST-ZIP **Chicago, IL 60685**

TITLE **PD** ☐ Delete  
 NAME **WILLIAMS, JAY S**  
 STREET ADDRESS **CNA PLAZA 40S**  
 CITY-ST-ZIP **CHICAGO IL 60685**

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

TITLE **VT** ☒ Delete  
 NAME **MINELLA, MICHAEL**  
 STREET ADDRESS **CNA PLAZA 40S**  
 CITY-ST-ZIP **CHICAGO IL 60685**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Cillo, Shelly**  
 STREET ADDRESS **CNA Plaza**  
 CITY-ST-ZIP **Chicago, IL 60685**

TITLE **AV** ☐ Delete  
 NAME **KLOC, JOHN D**  
 STREET ADDRESS **CNA PLAZA 40S**  
 CITY-ST-ZIP **CHICAGO IL 60685**

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

TITLE **AVP** ☐ Delete  
 NAME **GROB, ROBERT J**  
 STREET ADDRESS **CNA PLAZA**  
 CITY-ST-ZIP **CHICAGO IL 60685**

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

TITLE **AVPA** ☐ Delete  
 NAME **RIBIKAWSKIS, MARY A**  
 STREET ADDRESS **CNA PLAZA**  
 CITY-ST-ZIP **CHICAGO IL 60685**

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

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: *Shelly Cillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2001, 312-822-5486

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

10/24/2000

Current Officers & Directors

Investigative Options Incorporated

835714

# F9700000 4183

Director

James J. Bonk, Jr.  
John D. Kloc  
Michael W. Kookan  
Douglas H. May  
Jay S. Williams

Title

Director  
Director  
Director  
Director  
Director

Officer

Jay S. Williams  
James J. Bonk, Jr.  
Shelly Cillo  
John D. Kloc  
Ronald A. Carignan  
Paul E. Clapper  
Warren Cox  
Pamela S. Dempsey  
Robert J. Grob  
Mary A. Ribikawskis

Title

President & Chief Executive Officer  
Vice President, Secretary & Treasurer  
Vice President  
Vice President  
Assistant Vice President  
Assistant Vice President  
Assistant Vice President  
Assistant Vice President & Assistant Treasurer  
Assistant Vice President  
Assistant Vice President & Assistant Secretary

Address for all the above:

CNA Plaza  
Chicago, IL 60685