

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90089 032 \*\*\*150.00

**DOCUMENT # F97000004183**

1. Entity Name

**INVESTIGATIVE OPTIONS, INCORPORATED**

Principal Place of Business

**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA  
STATE SPECIFIC-9S  
CHICAGO IL 60685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD BONK JR., JAMES J CNA PLAZA CHICAGO IL 60685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAMS, JAY S CNA PLAZA 40S CHICAGO IL 60685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CILLO, SHELLY CNA PLAZA CHICAGO IL 60685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV KLOC, JOHN D CNA PLAZA 40S CHICAGO IL 60685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP GROB, ROBERT J CNA PLAZA CHICAGO IL 60685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVPA RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO IL 60685</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob

4/29/02

Date

312-822-5194

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT # F97000004183/651469



CNA Plaza Chicago IL 60685-0001

**Neifia O. Dority**

Accounting Supervisor  
Corporate Financial Services  
State Specific Statutory  
Reporting - 09S

Telephone 312-822-4314  
Facsimile 312-817-0040  
email neifia.dority@cna.com

April 29, 2002

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Uniform Business Reports**

Enclosed, please find ten (10) checks in the total amount of **\$1,500.00** regarding the uniform business reports for the following companies:

<u>Company Name</u>	<u>Check No.</u>	<u>Check Amount</u>
Investigative Options, Inc.	WC6-3163761	\$150.00
RSKCo Services Inc.	WC6-3163760	\$150.00
Caronia Corporation	WC6-3163759	\$150.00
Smith System Driver Improvement Institute, Inc.	WC6-3163758	\$150.00
CNA National Warranty Corporation	WC6-3163757	\$150.00
CNA Solution, Inc.	WI6-0554124	\$150.00
Settlement Options, Inc.	WC6-3163765	\$150.00
Continental Service Plan, Inc.	WC6-3163764	\$150.00
Claims Administration Corp.	WC6-3163763	\$150.00
Lake Forest Apartments, Inc.	WC6-3163762	\$150.00
	Total	\$1,500.00

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Neifia O. Dority