

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90319 007 \*\*\*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 9 S-H  
CHICAGO, IL 60685**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

04162004

Chg-P

CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BONK JR., JAMES J	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEACOM, DARCI L	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	COX, WARREN	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BETTER, STEVEN A	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GROB, ROBERT J	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	RIBIKAWSKIS, MARY A	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jerry F. Sliwa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jerry F. Sliwa **Jerry F. Sliwa** **Assistant Vice President** **4/21/04** **312-822-7191**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
5404 6444  
Doc # F97000004183

## INVESTIGATIVE OPTIONS INCORPORATED

### OFFICER LIST

Beacom, Darci L.	Chairman of the Board, Chief Executive Officer & President
Bonk, Jr., James J	Vice President & Secretary
Hemme, Dennis R.	Vice President & Treasurer
Cox, Warren	Assistant Vice President
Goodhart, Harvey R.	Assistant Vice President
Grob, Robert J.	Assistant Vice President
Ribikawskis, Mary A	Assistant Vice President & Assistant Secretary
Sliwa, Jerry F.	Assistant Vice President
Lehman, David B	Assistant Secretary
Beacom, Darci L.	Director
Bonk, Jr., James J	Director

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