

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90380 018 \*\*\*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  
**CNA Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**State Specific 9 S-H**

City & State

City & State  
**Chicago, IL**

4. FEI Number **36-4175448**

Applied For

Not Applicable

Zip

Country

Zip

Country

**60685**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Darci L. Beacom</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CNA Plaza</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Assistant Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steven A. Better</b>	
STREET ADDRESS	<b>CNA Plaza</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Asst. VP &amp; Asst. Secretary</b>	<input checked="" 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:** Robert J. Grob **Assistant Vice President** 4/16/03 312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)