Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90038 047 \*\*\*150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F97000004573

| <ol> <li>Corporation</li> </ol>  | TRATIVE PARTNERS INTER   |   |   |  |                                    |
|--|--|---|---|--|------------------------------------|
| Principal Plac   | e of Business  | Mailing Address   |   | ) (40)(00 trin thill that the next object ob | 1 MELLE ALBOT MITEL FEMOR EITE IMM |
| CNA PLAZA<br>CHICAGO IL 60685  |  | CNA PLAZA<br>CHICAGO IL 60685   |   |  |                                    |
|  |  | originos iz ogoto   |   | DO NOT WRITE IN THIS SPACE   |                                    |
|  |  |   |   | 3. Date Incorporated or Qualifed 08/29/1997  |                                    |
| 2. Principal P   | lace of Business   | 2a. Mailing Address   |   | 4. FEI Number  | Applied For                        |
| 21   |  | 26 CNA Plaza  |   | APPLIED FOR  | Not Applicable                     |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required  |
| 22   |  | 27 Statutory Reporting-21S  |   |  |                                    |
| City & Stat  | te   | City & State  |   | 6. Election Campaign Financing   | \$5.00 May Be<br>Added to Fees     |
| 23   | Country  | 28 Chicago, IL  | 60685   | Trust Fund Contribution  8. This corporation owes the current year   |                                    |
| Zip  | Country 25   |   | 30  | Personal Property Tax.   | ∏Yes □No                           |
| 24   | 9. Name and Address of Curre   |   | 30  | 10. Name and Address of New Registere  | d Agent                            |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  |   | 83  | Address (P.O. Box Number is Not Acceptable)  | 85 Zip Code                        |
|  |  |   | 84 City   | F  | L   33   210 COUG                  |
| office or a  | registered agent, or both, in the State<br>rm familiar with, and accept the obliga             | e of Florida. Such change was au<br>ations of, Section 607.0505, Flor | ithorized by the corpo  | corporation submits this statement for the purpose<br>eration's board of directors. I hereby accept the app<br>required when reinstating)  | Omment as registered               |
| 12.  | OFFICERS A   | ND DIRECTORS  | 13.   | ADDITIONS/CHANGES TO OFFICERS  |                                    |
| TITLE  | C  | x DELETE  | 1.1 TITLE   | VT   | Change Addition                    |
| NAME   | JOKIEL, PETER E  |   | 1.2 NAME  | Pamela S. Dempsey  |                                    |
| STREET ADDRESS   |  |   | 1.3 STREET ADDRESS  | CNA Plaza  |                                    |
| CITY-ST-ZIP  | CHICAGO IL 60685   | ET ASIETTE  | 1.4 CITY-ST-ZIP   | Chicago, IL 60685  | Change Addition                    |
| TITLE  | PCEO   | DELETE  | 2.1 TITLE   |  | Outside Duppiné                    |
| NAME   | COOPER, CATHERINE  |   | 2.2 NAME  |  |                                    |
| STREET ADDRESS   | , - · ·  |   | 2.3 STREET ADDRESS  |  |                                    |
| CITY-ST-ZIP  | CHICAGO IL 60685   | DELETE  | 2, 4 CITY-ST-ZIP<br>3,1 TITLE   |  | ☐ Change ☐ Addition                |
| TITLE  | COOPER, CATHERINE  | ,   | 3.2 NAME  |  |                                    |
| NAME<br>STREET ADDRESS   |  |   | 3.3 STREET ADDRESS  | ,  |                                    |
|  | CHICAGO IL 60685   |   |   | ,  |                                    |
| CITY-ST-ZIP<br>TITLE   | 1 0 0. 100 IL 00000  |   |   |  |                                    |
|  |  | ☑ DELETE  | 3.4. CITY-ST-ZIP<br>4.1 TITLE   | S  | Change 🙀 Addition                  |
| NAME   | VC00   | ☑ DELETE  |   | Mary A. Ribikawskis  | ☐ Change 🙀 Addition                |
|  | VCOO<br>LARSON, DANIEL   | ☑ DELETE  | 4.1 TITLE   | Mary A. Ribikawskis<br>CNA Plaza   | ☐ Change ☐ Addition                |
| STREET ADDRESS   | VCOO<br>LARSON, DANIEL<br>CNA PLAZA  | ☑ DELETE  | 4.1 TITLE<br>4. 2 NAME  | Mary A. Ribikawskis  |                                    |
|  | VCOO<br>LARSON, DANIEL   | ☑ DELETE  | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS  | Mary A. Ribikawskis CNA Plaza Chicago, IL 60685 AV   | ☐ Change                           |
| STREET ADDRESS<br>CITY-ST-ZIP  | VCOO<br>LARSON, DANIEL<br>CNA PLAZA<br>CHICAGO IL 60685  |   | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  | Mary A. Ribikawskis CNA Plaza Chicago, IL 60685  AV Steven Harms   |                                    |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                                       | VCOO<br>LARSON, DANIEL<br>CNA PLAZA<br>CHICAGO IL 60685<br>VC<br>KUBERA, PATRICIA<br>CNA PLAZA |   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                 | Mary A. Ribikawskis CNA Plaza Chicago, IL 60685  AV Steven Harms CNA PLaza   |                                    |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME  | VCOO<br>LARSON, DANIEL<br>CNA PLAZA<br>CHICAGO IL 60685<br>VC<br>KUBERA, PATRICIA              | ☑ DELETE  | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | Mary A. Ribikawskis CNA Plaza Chicago, IL 60685  AV Steven Harms   | ☐ Change 🙀 Addition                |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                         | VCOO<br>LARSON, DANIEL<br>CNA PLAZA<br>CHICAGO IL 60685<br>VC<br>KUBERA, PATRICIA<br>CNA PLAZA |   | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                 | Mary A. Ribikawskis CNA Plaza Chicago, IL 60685  AV Steven Harms CNA PLaza   |                                    |

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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CNA PLAZA

CHICAGO IL 60685

SANDIMUSE TIGGENERAL SHAPE OF SIGNING OFFICER OR DIRECTOR

4/1/99

312-822-3905 Daytime Phone #

## ADMINISTRATIVE PARTNERS INTERNATIONAL, INC.

OFFICERS.

306253-90038-47 F97000004573

Catherine Cooper

President and Chief Executive Officer

100 CNA Drive, Nashville, TN 37214

John Sullivan, Jr.

Group Vice President

CNA Plaza, Chicago, IL 60685

Pamela Dempsey

Vice President and Treasurer

CNA Plaza, Chicago, IL 60685

Joel Feldman

Vice President

CNA Plaza, Chicago, IL 60685

Michael T. Gengler

Vice President

CNA Plaza, Chicago, IL 60685

Lawrence Boysen

Vice President

CNA Plaza, Chicago, IL 60685

Steven Harms

Assistant Vice President

CNA Plaza, Chicago, IL 60685

Mary A. Ribikawskis

85 Secretary

CNA Plaza, Chicago, IL 60685

Robert Grob

Assistant Secretary

CNA Plaza, Chicago, IL 60685

### DIRECTORS

Catherine Cooper, same as above L. Susan McGory, 100 CNA Drive, Nashville, TN 37214 William Goff, Same as above