


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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90098 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002136

1. Corporation Name

CNA UNISOURCE MANAGEMENT, INC.



Principal Place of Business CNA PLAZA 43S CHICAGO IL 50585	Mailing Address CNA PLAZA 43S CHICAGO IL 50585
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 CNA Plaza 27 Suite, Apt. #, etc. 27 Statutory Reporting-21S 28 City & State 28 Chicago, IL 60685 29 Zip Country 29		3. Date Incorporated or Qualified 04/15/1998		4. FEI Number 36-4219839		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KOOKEN, MICHAEL W			1.2 NAME	Najeeb A. Khan		
STREET ADDRESS	CNA PLAZA			1.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			1.4 CITY-ST-ZIP	Chicago, IL 60685		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CACCHIONE, DANIEL A			2.2 NAME	Daniel A. Cacchione		
STREET ADDRESS	CNA PLAZA			2.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			2.4 CITY-ST-ZIP	Chicago, IL 60685		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SV/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GAMACHE, CLAUDIA			3.2 NAME	Milind Agtey		
STREET ADDRESS	CNA PLAZA			3.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			3.4 CITY-ST-ZIP	Chicago, IL 60685		
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HALLAGAN, DONALD J			4.2 NAME	Pamela S. Dempsey		
STREET ADDRESS	CNA PLAZA			4.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			4.4 CITY-ST-ZIP	Chicago, IL 60685		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAZAZIAN, ZAVEN			5.2 NAME	Zaven Kazazian		
STREET ADDRESS	CNA PLAZA			5.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			5.4 CITY-ST-ZIP	Chicago, IL 60685		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE	SV/GC/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANENHAUS, ENID			6.2 NAME	Enid Tanenhaus		
STREET ADDRESS	CNA PLAZA			6.3 STREET ADDRESS	CNA Plaza		
CITY-ST-ZIP	CHICAGO IL 50585			6.4 CITY-ST-ZIP	Chicago, IL 60685		

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.

SIGNATURE:

Lawrence J. Boysen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

312-822-5653

Daytime Phone #

CR2E034 (11/98)

CNA UNISOURCE MANAGEMENT, Inc.

288384-909828
F98000002134

Officers

Chairman of the Board	Michael S. McGavick
Chief Executive Officer & President	Najeeb A. Khan
Senior Vice President - Marketing	Daniel A. Cacchione
Senior Vice President & Chief Financial Officer	Milind Agtey
Senior Vice President, General Counsel & Secretary	Enid Tanenhaus
Senior Vice President	William Shroyer
Senior Vice President	A. Robert O'Brien
Senior Vice President	Zaven Kazazian
Group Vice President	John Sullivan
Vice President & Treasurer	Pamela S. Dempsey
Vice President	Lawrence J. Boysen
Assistant Secretary	Robert Grob
Assistant Secretary	Mary A. Ribikawskis

Directors

Paul Hourihan
Michael S. McGavick
David T. Cumming
Najeeb A. Khan

8/98

ALL LOCATED AT:
CNA PLAZA
CHICAGO, ILLINOIS 60685