

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90376 001 ***317.50

DOCUMENT # F98000002136

1. Entity Name

CNA UNISOURCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~CNA PLAZA 433~~
~~CHICAGO IL 60685~~

~~CNA PLAZA~~
~~STATUTORY REPORTING 218~~
~~CHICAGO IL 60685-0001~~

2. Principal Place of Business

3. Mailing Address

CNA UNISOURCE, INC

CNA UNISOURCE, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

55 W. MONROE, SUITE 2900

55 W. MONROE, SUITE 2900

City & State

City & State

CHICAGO, IL

CHICAGO, IL

Zip

Country

Zip

Country

60603

U.S.A.

60603

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KHAN, NAJEEB A	CNA PLAZA	CHICAGO IL 60685	<input type="checkbox"/>
SV	CACCHIONE, DANIEL A	CNA PLAZA	CHICAGO IL 60685	<input type="checkbox"/>
SVCF	AGTEY, MILIND	CNA PLAZA	CHICAGO IL 60685	<input type="checkbox"/>
VP	BOYSON, LAWERNCE	CNA PLAZA	CHICAGO IL 60685	<input checked="" type="checkbox"/>
SV	KAZAZIAN, ZAVEN	CNA PLAZA	CHICAGO IL 60685	<input type="checkbox"/>
SVCC	TANENHAUS, ENID	CNA PLAZA	CHICAGO IL 60685	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	CNA UNISOURCE, INC	55 W. MONROE, SUITE 2900	CHICAGO, IL 60603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CNA UNISOURCE, INC	55 W. MONROE, SUITE 2900	CHICAGO, IL 60603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CNA UNISOURCE, INC	55 W. MONROE, SUITE 2900	CHICAGO, IL 60603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CNA UNISOURCE, INC	55 W. MONROE, SUITE 2900	CHICAGO, IL 60603	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SVCC GAUGHAN, GERRI	CNA UNISOURCE, INC	55 W. MONROE, SUITE 2900, CHICAGO, IL 60603	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: _____

Geri Gaughan
GERRI GAUGHAN

2/3/00

312/551-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #