

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91574 025 \*\*\*150.00

80081626



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F98000004417**

1. Entity Name  
**INSURANCE BROKERS SERVICE, INC.**

Principal Place of Business

**123 N. WACKER DRIVE  
 CHICAGO IL 60606**

Mailing Address

**TAX DEPT  
 P O BOX 8264  
 CHICAGO IL 60680**

2. Principal Place of Business

**200 E. Randolph St.**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Chicago, IL**

City & State

Zip

Country

**USA**

4. FEI Number

**36-3070098**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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.

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, 2002 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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | CDP                 | <input type="checkbox"/> Delete            |
| NAME           | WINKLER, TERRENCE J |  |
| STREET ADDRESS | 123 N. WACKER DRIVE |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | RICE, MICHAEL D     |  |
| STREET ADDRESS | 123 N. WACKER DRIVE |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |
| TITLE          | S                   | <input type="checkbox"/> Delete            |
| NAME           | JESCHKE, ARLENE     |  |
| STREET ADDRESS | 123 N. WACKER DRIVE |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |
| TITLE          | T                   | <input type="checkbox"/> Delete            |
| NAME           | AIGOTTI, DIANE      |  |
| STREET ADDRESS | 123 N. WACKER DRIVE |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |
| TITLE          | V                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BRIESCH, ERNEST J   |  |
| STREET ADDRESS | 123 N. WACKER DRIVE |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |
| TITLE          | V                   | <input type="checkbox"/> Delete            |
| NAME           | BAER, JEROME I      |  |
| STREET ADDRESS | 123 N. WACKER DR    |  |
| CITY-ST-ZIP    | CHICAGO IL 60606    |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |  |
|----------------|---|--|
| TITLE          | Chairman, Director,<br>President            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          | ALL OFFICERS & DIRECTORS ARE<br>LOCATED AT: | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | 200 E. RANDOLPH ST., 4TH FLOOR              |  |
| STREET ADDRESS | CHICAGO, IL 60601                           |  |
| 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          | Director                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Tracey A. Carragher                         |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |
| TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |   |  |
| STREET ADDRESS |   |  |
| CITY-ST-ZIP    |   |  |

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)