

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90155 038 \*\*\*150.00

DOCUMENT # F98000005901

1. Entity Name  
GALLAGHER BASSETT INVESTIGATIVE SERVICES, INC.



Principal Place of Business  
TWO PIERCE PLACE  
ITASCA IL 60143

Mailing Address  
TWO PIERCE PLACE  
5TH FLR ACCTG  
ITASCA IL 60143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 52-2109873

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

SIGNATURE

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

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKENNA, RICHARD J	
STREET ADDRESS	TWO PIERCE PLACE	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<del>CLOHERTY, MICHAEL J</del>	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LONG, DAVID R	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	T	<input type="checkbox"/> Delete
NAME	LAZZARO, JACK H	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MASON, ROBERT G	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GREB, CHRSTINE D	
STREET ADDRESS	TWO PIERCE PL	
CITY-ST-ZIP	ITASCA IL 60143	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C. Rosenfarb	
STREET ADDRESS		
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		<input 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 *[Signature]* SIGNATURE REQUIRED Treasurer

2-17-03

1030773-3800

Date

Daytime Phone #

CR2E034 (10/02)