

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90066 005 \*\*\*150.00

DOCUMENT # F99000002705 ✓

1. Entity Name

CCN MANAGED CARE, INC.



**DO NOT WRITE IN THIS SPACE**

**10090746**

2. Principal Place of Business

3200 HIGHLAND AVE

3. Mailing Address

3200 HIGHLAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DOWNERS GROVE, IL

City & State

DOWNERS GROVE, IL

4. FEI Number

33-0837721

Applied For

Not Applicable

Zip

60515

Country

US

Zip

60515

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ST.

City

PLANTATION

**FL**

Zip Code

3332 ✓

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>* SEE ATTACHED</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

680-737-5631

Daytime Phone #

CR2E034B (12/02)

Attachment 10090746  
#F99 000003705

**CCN MANAGED CARE, INC.**

**Board of Directors**

Patrick G. Dills	3200 Highland Avenue Downers Grove, IL 60515
Alton Lee Dickerson	750 Riverpoint Drive West Sacramento, CA 95605
Susan T. Smith	3200 Highland Avenue Downers Grove, IL 60515
Edward L. Wristen	3200 Highland Avenue Downers Grove, IL 60515
Joseph E. Whitters	3200 Highland Avenue Downers Grove, IL 60515

**Business Address**

**Corporate Officers**

Patrick G. Dills President	3200 Highland Avenue Downers Grove, IL 60515
Edward L. Wristen Senior Vice President	3200 Highland Avenue Downers Grove, IL 60515
Alton Lee Dickerson Senior Vice President	750 Riverpoint Drive West Sacramento, CA 95605
Ronald Blaine Faulkner II Vice President - Acct. Management	5251 Viewridge Court San Diego, CA 92123
Joseph E. Whitters Chief Financial Officer & Treasurer	3200 Highland Avenue Downers Grove, IL 60515
Susan T. Smith Secretary	3200 Highland Avenue Downers Grove, IL 60515
Mark A. Mosby Assistant Secretary	3200 Highland Avenue Downers Grove, IL 60515
Margaret Jones Assistant Secretary	3200 Highland Avenue Downers Grove, IL 60515

**Business Address**