

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004078

1. Entity Name

CNA UNISOURCE OF AMERICA, INC.

Principal Place of Business

Mailing Address

~~CHICAGO IL 60685~~

CNA PLAZA  
~~CHICAGO IL 60685-0001~~

2. Principal Place of Business

3. Mailing Address

\*-PLEASE SEE ATTACHED

CNA UNISOURCE, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

55 W. MONROE, SUITE 2900

City & State

City & State

CHICAGO, IL 60603

Zip

Country

Zip

Country

60603

U.S.A.

4. FEI Number

36-3203385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

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  
COBD  
MCGAVICK, MICHAEL S  
CNA PLAZA  
CHICAGO IL 60685 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KHAN, NAJEEB A  
~~CNA PLAZA~~  
~~CHICAGO IL 60685~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CNA UNISOURCE, INC  
55 W. MONROE, SUITE 2900  
CHICAGO, IL 60603 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CACCHIONE, DANIEL A  
~~CNA PLAZA~~  
~~CHICAGO IL 60685~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CNA UNISOURCE, INC  
55 W. MONROE, SUITE 2900  
CHICAGO, IL 60603 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFDV  
AGTEY, MILIND  
~~CNA PLAZA~~  
~~CHICAGO IL 60685~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CNA UNISOURCE, INC  
55 W. MONROE, SUITE 2900  
CHICAGO, IL 60603 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
KAZAZIAN, ZAVEN  
~~CNA PLAZA~~  
~~CHICAGO IL 60685~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CNA UNISOURCE, INC.  
55 W. MONROE, SUITE 2900  
CHICAGO, IL 60603 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SULLIVAN, JOHN J  
CNA PLAZA  
CHICAGO IL 60685 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILIND AGTEY

Date

Daytime Phone #

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

02-09-2000 90376 001 \*\*\*317.50



DO NOT WRITE IN THIS SPACE

2/3/00

312/551-5000

F9900000401

5856

**Florida Office Locations**

5130 Eisenhower Blvd., Suite 206-208  
Tampa, FL 33634

1191 E. Newport Center Drive Suite PH-D  
Deerfield Beach, FL 33442

5728 Major Blvd., Suite 545  
Orland, FL 32819