

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90397 001 \*1,650.00

**DOCUMENT # F99000004078**

1. Entity Name

**CNA UNISOURCE OF AMERICA, INC.**

Principal Place of Business

**CNA PLAZA  
 CHICAGO IL 60685**

Mailing Address

~~CNA PLAZA~~ **310 S. Michigan.**  
~~STATE-SPECIFIC-05~~ **Suite 1100**  
~~CHICAGO IL 60685~~ **Chicago, IL 60604**

97440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3203385**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>SVPS</b>			<input type="checkbox"/> Delete
	<b>GAUGHAN, GERI</b>			<input checked="" type="checkbox"/> <i>* Please see attached</i>
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			
	<b>PD</b>			<input checked="" type="checkbox"/> Delete
	<b>KHAN, NAJEEB A</b>			
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			
	<b>V</b>			<input checked="" type="checkbox"/> Delete
	<b>CACCHIONE, DANIEL A</b>			
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			
	<b>CFOV</b>			<input checked="" type="checkbox"/> Delete
	<b>AGTEY, MILIND</b>			
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			
	<b>V</b>			<input checked="" type="checkbox"/> Delete
	<b>KAZAZIAN, ZAVEN</b>			
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			
	<b>V</b>			<input type="checkbox"/> Delete
	<b>SULLIVAN, JOHN J</b>			
	<b>CNA PLAZA</b>			
	<b>CHICAGO IL 60685</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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 employees.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*07/08/02* *(574) 264-2200*  
 Date Daytime Phone #

CR2E034 (9/01)

**CNA UniSource of America, Inc.**  
**Directors & Officers List**

NAME	TITLE	ADDRESS
Geri Gaughan	Chief Executive Officer, President, & Secretary	333 S. Wabash, Chicago, IL 60685
A. Robert O'Brien	Senior Vice President	25325 Leer Drive, Elkhart, IN 46514
Jerry F. Silwa	Vice President	333 S. Wabash, Chicago, IL 60685
John J. Sullivan, Jr.	Group Vice President	333 S. Wabash, Chicago, IL 60685
Shelly Cillo	Vice President	333 S. Wabash, Chicago, IL 60685
Pamela S. Dempsey	Vice President & Treasurer	333 S. Wabash, Chicago, IL 60685
Robert J. Grob	Assistant Vice President	333 S. Wabash, Chicago, IL 60685
Mary A. Ribikawskis	Assistant Vice President & Assistant Secretary	333 S. Wabash, Chicago, IL 60685

DIRECTORS		
NAME	TITLE	ADDRESS
Don Coggiola	Director	3902 Palm Blvd. - Isle Palms, SC 29451
Robert V. Deutsch	Director	333 S. Wabash, Chicago, IL 60685
Robert V. James	Director	333 S. Wabash, Chicago, IL 60685
Mark C. Vonnahme	Director	333 S. Wabash, Chicago, IL 60685

Attachment F99000004078  
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