FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90165 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10084993

DOCUMENT # F99000004078

1. Entity Name
CNA UNISOURCE OF AMERICA, INC.

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO, IL 60685	310 S MICHIGAN STE 1100 CHICAGO, IL 60604

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	CNA Plaza Suite, Apt. #, etc. State Specific 9 S-H
City & State	City & State Chicago, IL
Zip / Country	Zip 60685 / Country

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

* FILE NOW!!! FEE IS $150.00
* After May 1st 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOP GAUGHAN, GERI 333 S WABASH CHICAGO, IL 60685	☐ Delete	C/S/P/General Counsel/D CNA Plaza	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV O'BRIEN, A ROBERT 25326 LEER DRIVE ELKHART, IN 46514	☐ Delete	John J. Sullivan, Jr. CNA Plaza Chicago, IL 60685	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SILWA, JERRY F 333 S WABASH CHICAGO, IL 60685	☐ Delete	AVP Robert J. Grob CNA Plaza	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CILLO, SHELLY 333 S WABASH CHICAGO, IL 60685	☐ Delete	V/T Pamela S. Dempsey CNA Plaza	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT DEMPSEY, PAMELA S 333 S WABASH CHICAGO, IL 60685	☐ Delete	Director RObert V. James CNA Plaza	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GV SULLIVAN, JOHN J JR. 333 S WABASH CHICAGO, IL 60685	☐ Delete	Director Robert V. Deutsch CNA Plaza	☒ Change	☐ Addition

CR2E034 (10/02)

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: Robert J. Grob 4/22/03 312-822-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #