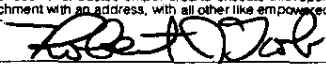


FILED
Apr 25, 2003 8:00 am
Secretary of State

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 CNA PLAZA CHICAGO, IL 60685		Mailing Address 310 S MICHIGAN STE 1100 CHICAGO, IL 60604	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		CNA Plaza	
City & State		City & State Chicago, IL	
Zip		Zip 60685	
Country		Country	
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 _____ (NOTE: Registered Agent's signature required when submitting)			
DATE _____			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CFOP GAUGHAN, GERRI 333 S WABASH CHICAGO, IL 60685		C/S/P/General Counsel/D CNA Plaza	
SV O'BRIEN, A ROBERT 26326 LEER DRIVE ELKHART, IN 48514		John J. Sullivan, Jr. CNA Plaza Chicago, IL 60685	
V SILWA, JERRY F 333 S WABASH CHICAGO, IL 60685		AVP Robert J. Grob CNA Plaza	
V CILLO, SHELLY 333 S WABASH CHICAGO, IL 60685		V/T Pamela S. Dempsey CNA Plaza	
VT DEMPSEY, PAMELA S 333 S WABASH CHICAGO, IL 60685		Director Robert V. James CNA Plaza	
GV SULLIVAN, JOHN J JR. 333 S WABASH CHICAGO, IL 60685		Director Robert V. Deutsch CNA Plaza	
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	
Date		4/22/03	
Daytime Phone #		312-822-5194	