

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005296

1. Entity Name

CONTINENTAL SERVICE PLAN, INC.

Principal Place of Business

Mailing Address

CNA PLAZA
CHICAGO IL 60685

CNA PLAZA - 9 S
CHICAGO IL 60685-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3188117

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	D	<input type="checkbox"/> Delete
NAME	MOON, JEFFREY C	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	MARSHALL, H.W. TRIPP	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	EVAS	<input type="checkbox"/> Delete
NAME	SAUNDERS, JOAN B	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	GRAY, SANDRA	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	V	<input type="checkbox"/> Delete
NAME	JONES, ROBERT R	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDRADE, FATIMA	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	

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

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:

Robert Grob

Robert Grob

4/4/2000

312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

19900005292

80059273

Attachment

CONTINENTAL SERVICE PLAN, INC.

OFFICERS

Chairman of the Board & President	H.W. Tripp Marshall
Executive Vice President & Assistant Secretary	Joan B. Saunders
Senior Vice President & Chief Financial Officer	Sandra Gray
Senior Vice President	Robert Ricky Jones
Vice President	Fatima Andrade
Treasurer	Pamela S. Dempsey
Assistant Vice President & Secretary	Mary A. Ribikawskis
Assistant Vice President	Robert Grob

DIRECTORS

H.W. "Tripp" Marshall
Jeffrey C. Moon
Thomas H. Rowley

Address for All Officers and Directors:
CNA Plaza
Chicago, IL 60685

5/99