

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90080 036 \*\*\*150.00

**DOCUMENT # F99000005296**

1. Entity Name

**CONTINENTAL SERVICE PLAN, INC.**

Principal Place of Business

**CNA PLAZA  
CHICAGO IL 60685**

Mailing Address

**CNA PLAZA  
CHICAGO IL 60685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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, 2001 Fee will be \$350.00**  
**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	<b>D</b> <b>MOON, JEFFREY C</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>MARSHALL, H.W. TRIPP</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVAS</b> <b>SAUNDERS, JOAN B</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>GRAY, SANDRA</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JONES, ROBERT R</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ANDRADE, FATIMA</b> <b>CNA PLAZA</b> <b>CHICAGO IL 60685</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2001, 312-822-5486

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

04/26/2000

Current Officers & Directors

835715

Continental Service Plan, Inc.

Director

H.W. Tripp Marshall  
Jeffrey C. Moon  
Joan B. Saunders

Title

Director  
Director  
Director

# F99000005296

Officer

H.W. Tripp Marshall  
Joan B. Saunders  
Sandra Gray  
Robert Ricky Jones  
Fatima Andrade  
Shelly Cillo  
Pamela S. Dempsey  
Robert J. Grob  
Mary A. Ribikawskis

Title

Chairman of the Board & President  
Executive Vice President & Assistant Secretary  
Senior Vice President & Chief Financial Officer  
Senior Vice President  
Vice President  
Vice President  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President & Secretary

Address for all  
Officers and Directors

CNA Plaza  
Chicago, Illinois 60685