| DNA PLAZA DENCKOU, IL. 60685 CNA PLAZA STATE SPECTE 0 S -H CHCAGO, IL 60685 CNA PLAZA STATE SPECTE 0 S -H CHCAGO, IL 60685 Image Address 4 2. Trincipul Place of Business 3. Maing Address 4 Out 62004 Chg.P CR2E034 (19/05) 2. Trincipul Place of Business 3. Maing Address 4 Out 62004 Chg.P CR2E034 (19/05) 2. Trincipul Place of Business 3. Maing Address 4 FE Number 36-43382200 Appli Appli 36-43382200 Appli Place Address 7 2. Device Address of Current Registered Agent 7. Mare and Address of New Registered Agent 7. Mare and Address of New Registered Agent 7. Mare and Address of New Registered Agent 2. Trincipul Place Country 2. Section Campoign in registered agent, or both, in the State of Florida. Tam fumiliar with, an the oblightion of registered agent. Name Date 300MTUPE State Address (PO. Box Number is Nor Acceptable) Date Triat Func CountroLoco Address for OFFICERS AND DIFECTORS 11. Address 2 OFFICERS AND DIFECTORS 11. Address for OFFICERS AND DIFECTORS 11. Address for OFFICERS AND DIFECTORS 11. Address 5 OFFICERS AND DIFECTORS 11. Address for OFFICERS AND DIFECTORS Mare and Address for OFFICERS AND DIFECTORS 12. Charles State Cooke 11. Address for OFFICERS AND DIFECTORS 11. Address for OFFICERS A | I. Entity Name | MENT # F9900000 | L REPORT 5907 | | | | 04-30-20 | 004 90322 050 | 8:00 a f State |
|--|--|---|--|---|--|--|----------------------------------|--------------------------|--|
| DNA PAZA DRICKGO, IL 60685 CNA PAZA SIANA PAZA DRICKGO, IL 60685 CNA PAZA SIANA PAZA SIANA PAZA SIANA PAZA CNA PAZA SIANA | | | • | | Nortest | | | | |
| Suite, Apt. #. etc. Suite, Apt. #. etc. 04162004 Chg-P CR2E034 (10/03) City & State City & State 4.6204 Chg-P CR2E034 (10/03) Zip Country Zip State 4.6204 Chg-P CR2E034 (10/03) Zip Country Zip Country 36-4338230 Name Zip Country Zip Country 5.7 Appli C C CORPORATION SYSTEM State Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required 1200 SOUTH PINE ISLAND ROAD State Address (P.D. Box Number is Not Acceptable) Street Address (P.D. Box Number is Not Acceptable) City FL Zip Code 8. The above named with submits the statement for the purpose of changing its registered agent, or both, in the State of Porice. Lam termbar with, an the obligators of registered agent. DME DME State: toold common three drageer agent of the purpose of changing its registered agent, or both, in the State of Porice. Lam termbar with, an the obligators of registered agent. OPTICERS AND DIFECTORS II Internal Control Control OPTICERS AND DIFECTORS Internal Control Control Control Internal Control Con | CNA PLAZA | | CNA PLAZA State specific 9 S-H | I | | | I Review Advin Divin Divin Davis | 1041 61/11 11/11 10/11 | |
| City & State City & State Appl City & State 4. FEI Number Appl Zip Country Zip Country Zip Country State 4. FEI Number State State State State State State State Name Zip Country Zip Country State State <td>2. Principal Pl</td> <td>lace of Business</td> <td>3. Mailing Address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | 2. Principal Pl | lace of Business | 3. Mailing Address | | | | | | |
| Zip Country Zip Country Security | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04162004 Chg-P CR2E034 (10/03) | | | |
| | City & State | e | City & State | | | | | | Applied For Not Applicable |
| C1 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zip Code City FL Street Address (P.O. Box Number is Not Acceptable) Dite City FL Street Address (P.O. Box Number is Not Acceptable) Dite City FL Street Address (P.O. Box Number is Not Acceptable) Dite Dite Dite Dite Street Address (P.O. Box Number is Not Acceptable) Dite Street Address (P.O. Box Number is Not Acceptable) Dite Dite Dite Dite Street | Zip | Country | Zip | Country | / | 5. Certificate | of Status Desired | □ \$8.75 | Additional |
| C.T.CORPORATION SYSTEM International System Vertex Address (P.O. Box Number is Not Acceptable) City FL Struct Address (P.O. Box Number is Not Acceptable) City FL City FL Struct Address (P.O. Box Number is Not Acceptable) City FL Struct Address (P.O. Box Number is Not Acceptable) City FL Struct Address (P.O. Box Number is Not Acceptable) City FL Struct Address (P.O. Box Number is Not Acceptable) City FL Struct Address (P.O. Box Number is Not Acceptable) City FL City FL Struct Address (P.O. Box Number is Not Acceptable) City FL City FL City FL City Struct | | 6. Name and Address of Curren | t Registered Agent | | Name | 7. Name and | Address of New F | | |
| PLANTATION, FL 33324 City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code State of an end entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the floridation of registered agent, or both, in the State of Florida. I am familiar with, an the floridation of registered agent, provide | | | | | | s (P.O. Box Numbe | er is Not Acceptable | ə) | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. Signature types of entities and registered agent and third acadeable. INOTE: Registered agent, or both, in the State of Florida. I am familiar with, an entities of galaxies registered agent, or both, in the State of Florida. I am familiar with, an entities of galaxies agent and third acadeable. INOTE: Registered agent, or both, in the State of Florida. I am familiar with, an entities of galaxies registered agent, or both, in the State of Florida. I am familiar with, an entities of galaxies registered agent, or both, in the State of Florida. I am familiar with, an entities with, an entities of galaxies registered agent. Signature types of entities of registered agent and third acadeable. INTE: State of Florida. State of Florida. I am familiar with, an entities with a social able of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the social agent and the disease of the entities of the entities of the social agent and the disease of the entities of the entits of the enti | | | | - | | | | | |
| The obligations of registered agent. SigNATURE SigNATU | | | | | City | | | FL Zir | Code |
| BARE BORLAND, WILLIAM NAME Kimberley L. Riley INTERT ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-2P INTE D Delete ITTLE Change MAKE HARLAN, CHARLES W Inter ADDRESS CITY-ST-2P STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-2P INT-ST-2P CHICAGO, IL 60685 CITY-ST-2P Chicage INT-ST-2P CHICAGO, IL 60685 CITY-ST-2P Tony P. Wilkey STREET ADDRESS CITY-ST-2P CHICAGO, IL 60685 STREET ADDRESS CITY-ST-2P CHICAGO, IL 60685 CITY-ST-2P Tony P. Wilkey STREET ADDRESS CITY-ST-2P Chicago, IL 60685 STREET ADDRESS CITY-ST-2P CHICAGO, IL 60685 CITY-ST-2P Charles W. Harlan STREET ADDRESS CITY-ST-2P Chicago, IL 60685 STREET ADDRESS CITY-ST-2P CHICAGO, IL 60685 CITY-ST-2P Charles W. Harlan STREET ADDRESS CITY-ST-2P Chicago, IL 60685 STREET ADDRESS CITY-ST-2P CHICAGO, IL 60685 CITY-ST-2P Charles W. Harlan STREET ADDRESS CITY-ST-2P Chicago, IL 60685 City-ST-2P ITTE VPT Delete ITTE NAME | SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NC 9. Election Camp | TE: Registered A aign Financi | Ngent signature requi | red when reinstating) 5.00 May Be | | | |
| WME HARLAN, CHARLES W NMME STREET ADDRESS CNA PLAZA STREET ADDRESS CNIY-ST-2P CHICAGO, IL 60685 CITY-ST-2P ITTLE PDCB IDelete MME BURKE, GARY STREET ADDRESS CNA PLAZA CNA PLAZA CITY-ST-2P CHICAGO, IL 60685 C | FILI After Ma | Signature. typed or printed name of registered agen E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN | nt and title if applicable. (NC 9. Election Camp Trust Fund Con D DIRECTORS | TE: Registered A aign Financi ntribution. | Ngent signature requi | red when reinstating) 5.00 May Be dded to Fees | | DATE | TORS IN 11 |
| ITTLE PDCB Delete ITTLE NAME TONY P. Wilkey Change STREET ADDRESS CNA PLAZA STREET ADDRESS CHICAGO, IL 60685 CITY-ST-ZIP TONY P. Wilkey Change Ittle NAME WILKEY, TONY P Delete ITTLE VP Charles W. Harlan Ittle Charles W. Harlan Ittle STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP Charles W. Harlan Ittle Charles W. Harlan Ittle Change Ittle Change Ittle Change Ittle Change Ittle Change Ittle Charles W. Harlan Ittle Ittle Charles W. Harlan Ittle Change Ittle Ittle Ittle Ittle Ittle Ittle Ittle <td>SIGNATURE FILI After Ma IO. ITLE IAME STREET ADDRESS</td> <td>Signature. typed or orinted name of registered ages E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D BORLAND, WILLIAM CNA PLAZA</td> <td>nt and title if applicable. (NC 9. Election Camp Trust Fund Con D DIRECTORS</td> <td>DTE: Registered A aign Financi ntribution, 11. TITLE NAME STREET</td> <td>Agent signature requi</td> <td>red when reinstating) 5.00 May Be dided to Fees ADDITIONS/</td> <td>CHANGES TO OFF</td> <td>DATE</td> <td>TORS IN 11</td> | SIGNATURE FILI After Ma IO. ITLE IAME STREET ADDRESS | Signature. typed or orinted name of registered ages E NOWILL FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D BORLAND, WILLIAM CNA PLAZA | nt and title if applicable. (NC 9. Election Camp Trust Fund Con D DIRECTORS | DTE: Registered A aign Financi ntribution, 11. TITLE NAME STREET | Agent signature requi | red when reinstating) 5.00 May Be dided to Fees ADDITIONS/ | CHANGES TO OFF | DATE | TORS IN 11 |
| WILKEY, TONY P NAME Charles W. Harlan STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZP CHICAGO, IL 60685 CITY-ST-ZIP VITLE VPT Delete TITLE VPT Delete STREET ADDRESS CNA PLAZA STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP VAME DEMPSEY, PAMELA S STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP TITLE AVP Delete TITLE NAME GROB, ROBERT J Delete TITLE NAME GROB, ROBERT J Charles STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP Change STREET ADDRESS CITY-ST-ZIP Change Change STREET ADDRESS CNA PLAZA Change Change STREET ADDRESS CITY-ST-ZIP Change Change STREET ADDRESS COA PLAZA Change Change CITY-ST-ZIP CHICAGO, IL 60685 CIT | SIGNATURE | Signature. typed or printed name of registered agen E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI D BORLAND, WILLIAM CNA PLAZA CHICAGO, IL 60685 D HARLAN, CHARLES W CNA PLAZA | nt and title if apolicable. (NO 9. Election Camp Trust Fund Con D DIRECTORS Delete | DTE: Registered A aign Financi ntribution. 11. TITLE NAME STREET CITY-S' TITLE NAME STREET | Agent signature requi | red when reinstating) 5.00 May Be dided to Fees ADDITIONS/ | CHANGES TO OFF | DATE FICERS AND DIREC | STORS IN 11 ange Addition |
| NAME DEMPSEY, PAMELA S STREET ADDRESS CNA PLAZA CITY-ST-ZIP CHICAGO, IL 60685 UTTLE AVP GROB, ROBERT J Delete STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exempt | SIGNATURE | Signature. typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN D BORLAND, WILLIAM CNA PLAZA CHICAGO, IL 60685 D HARLAN, CHARLES W CNA PLAZA CHICAGO, IL 60685 PDCB BURKE, GARY CNA PLAZA | nt and title if applicable. (NO 9. Election Camp Trust Fund Con D DIRECTORS Delete | DTE: Registered A aign Financi ntribution. 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | red when reinstating) 5.00 May Be ided to Fees ADDITIONS; mberley L | CHANGES TO OFF | | TORS IN 11 ange Addition |
| VAME GROB, ROBERT J. NAME STREET ADDRESS CNA PLAZA STREET ADDRESS CHY-ST-ZIP CHICAGO, IL 60685 CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). | SIGNATURE FILI After Ma IO. IITLE IAME ITREET ADDRESS SITY - ST - ZIP IITLE IAME STREET ADDRESS SITY - ST - ZIP IITLE IAME STREET ADDRESS SITY - ST - ZIP IITLE IAME STREET ADDRESS | Signature. typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN D BORLAND, WILLIAM CNA PLAZA CHICAGO, IL 60685 D HARLAN, CHARLES W CNA PLAZA CHICAGO, IL 60685 PDCB BURKE, GARY CNA PLAZA CHICAGO, IL 60685 VP WILKEY, TONY P CNA PLAZA | nt and title if apolicable. (NO 9. Election Camp Trust Fund Con D DIRECTORS Delete | DTE: Registered A aign Financi ntribution. 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | red when reinstating) 5.00 May Be ided to Fees ADDITIONS, mberley L ny P. Will | CHANGES TO OFF | | CTORS IN 11 ange Addition ange Addition |
| 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 info | SIGNATURE SIGNATURE ITLE AME ITREET ADDRESS ITY - ST - ZIP ITLE IAME ITREET ADDRESS ITY - ST - ZIP ITLE ITREET ADDRESS ITY - ST - ZIP ITLE ITREET ADDRESS ITY - ST - ZIP ITLE ITL | Signature. typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN D BORLAND, WILLIAM CNA PLAZA CHICAGO, IL 60685 D HARLAN, CHARLES W CNA PLAZA CHICAGO, IL 60685 PDCB BURKE, GARY CNA PLAZA CHICAGO, IL 60685 VP WILKEY, TONY P CNA PLAZA CHICAGO, IL 60685 VP WILKEY, TONY P CNA PLAZA CHICAGO, IL 60685 VP | nt and title if apolicable. (NC 9. Election Camp Trust Fund Con D DIRECTORS Delete Delete Delete | DTE: Registered A aign Financi ntribution. 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | red when reinstating) 5.00 May Be dded to Fees ADDITIONS, mberley L ny P. Will arles W. | CHANGES TO OFF | | TORS IN 11 ange Addition ange Addition ange Addition ange Addition |
| 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 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 B changed, or on an attachment with an address, with all other like empowered. Jerry F. Sliwa Assistant Vice President 4/21/04 312-822-7 | SIGNATURE SIGNATURE ITLE AME ITREET ADDRESS ITY - ST - ZIP ITLE IAME ITREET ADDRESS ITY - ST - ZIP ITLE ITREET ADDRESS ITY - ST - ZIP ITLE ITL | Signature. typed or primted name of registered age E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS AN D BORLAND, WILLIAM CNA PLAZA CHICAGO, IL 60685 D HARLAN, CHARLES W CNA PLAZA CHICAGO, IL 60685 PDCB BURKE, GARY CNA PLAZA CHICAGO, IL 60685 VP WILKEY, TONY P CNA PLAZA CHICAGO, IL 60685 VP WILKEY, TONY P CNA PLAZA CHICAGO, IL 60685 VPT DEMPSEY, PAMELA S CNA PLAZA CHICAGO, IL 60685 AVP GROB, ROBERT J CNA PLAZA | nt and title if applicable. (NO 9. Election Camp Trust Fund Con D DIRECTORS Delete Delete Delete Delete | DTE: Registered A aign Financi ntribution. 11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | red when reinstating) 5.00 May Be dded to Fees ADDITIONS, mberley L ny P. Will arles W. | CHANGES TO OFF | | TORS IN 11 ange Addition ange Addition ange Addition ange Addition |

;

2

Athenment 5-1046590 Doct=\$99000005907

Settlement Options, Inc.

Officer Tony P. Wilkey Dennis Hemme Charles W. Harlan Robert J. Grob Mary A. Ribikawskis David Lehman <u>Title</u> Chairman of the Board & President Vice President & Treasurer Vice President Assistant Vice President Assistant Vice President & Secretary Assistant Secretary

Directors Charles W. Harlan Kimberly L. Riley Tony P. Wilkey

,

Address for all the officers and directors: CNA Plaza Chicago, IL 60685