

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03526

1. Entity Name

CAMBRIDGE PROFESSIONAL LIABILITY SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90032 009 ***150.00

Principal Place of Business

123 N. WACKER DR.
CHICAGO IL 60606

Mailing Address

P.O. BOX 8264
CHICAGO IL 60680-8264
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2414575

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

NA.

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 PD ☐ Delete
NAME ZUMBANO, ANTHONY R.
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME JESCHKE, ARLENE
STREET ADDRESS 123 NORTH WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARDY, ARLENE H
STREET ADDRESS 123 NORTH WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HANNER, JEROME S
STREET ADDRESS 123 NORTH WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE Director ☐ Change ☒ Addition
NAME Corbette S. Doyle
STREET ADDRESS 123 N. Wacker Dr.
CITY-ST-ZIP Chicago, IL 60606

TITLE V ☐ Delete
NAME BAER, JEROME I
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL

TITLE Vice President ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**Correction*

TITLE D ☐ Delete
NAME RICE, MICHAEL D
STREET ADDRESS 123 NORTH WACKER DR.
CITY-ST-ZIP CHICAGO IL

TITLE ☐ Change ☐ 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00 (312) 701-3918

Date

Daytime Phone #