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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J28083

1. Corporation Name
AON INVESTMENT CONSULTING INC.

Principal Place of Business
123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606-1700

Mailing Address
P.O. BOX 8264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1986

4. FEI Number
59-2706923

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~VD~~ ☒ DELETE
NAME OGLE, WALTER L.
STREET ADDRESS 123 NORTH WACKER DR
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~S~~ ☐ DELETE
NAME LYCZKO, CATHERINE M
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606-1700

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME \rightarrow VSD
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~TD~~ ☒ DELETE
NAME ADAMS, CYNTHIA P
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606-1700

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~VPD~~ ☐ DELETE
NAME HANNER, JEROME
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606-1700

4.1 TITLE \rightarrow VAS T ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~VD~~ ☐ DELETE
NAME PARRISH, ANGELA
STREET ADDRESS 123 NORTH WACKER DR
CITY-ST-ZIP CHICAGO IL

5.1 TITLE \rightarrow P D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~AVP~~ ☒ DELETE
NAME FYDA, SUSAN
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME \rightarrow Baer, Jerome I.
6.3 STREET ADDRESS 123 N. Wacker Dr.
6.4 CITY-ST-ZIP Chicago, IL 60606

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

JEROME I. BAER / V.P.-TAXES

4/28/99

Date

312 701-3640

Daytime Phone #

CR2E034 (1/98)