FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J74270 (6)

1. Corporation Name

SERVICE SAVER, INCORPORATED

Principal Place of Business	Mailing Address
123 N. WACKER DR. 26 FLOOR CHICAGO IL 60606 US	123 N. WACKER DR 26TH FLR CHICAGO IL 60606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1987

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business / 2a. Mailing Address

21 / 22 / 23 / 24

Principal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
County: COOK

4. FEI Number: 36-3523576 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MEDVIN, HARVEY N	1.2 NAME	Kevin P. O'Brien	
STREET ADDRESS	123 N WACKER DR	1.3 STREET ADDRESS	123 N. Wacker DR	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	AVP	2.1 TITLE		☐ Change ☐ Addition
NAME	GROB, ROBERT	2.2 NAME		
STREET ADDRESS	123 N WACKER DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	SULLIVAN, THOMAS F	3.2 NAME	Jerome S. Hanner	
STREET ADDRESS	123 N WACKER DR	3.3 STREET ADDRESS	123 N. Wacker DR.	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	LORENZ, HUGO A	4.2 NAME		
STREET ADDRESS	123 N WACKER DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE	DC	☒ Change ☐ Addition
NAME	O'BRIEN, KEVIN P	5.2 NAME	David L. Cole	
STREET ADDRESS	123 N WACKER DR	5.3 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago IL. 60606	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	RABIN, PAUL I	6.2 NAME		
STREET ADDRESS	123 N WACKER DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Grob ROBERT GROB 4/26/95 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000442 CP