FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P01242 (7)

1. Corporation Name

SEDGWICK JAMES GROUP SERVICE, INC.

Principal Place of Business	Mailing Address
230 WEST MONROE STREET CHICAGO IL 60606	C/O SEDGWICK JAMES. INC LEGAL DEPT 5350 POPLAR AVE MEMPHIS TN 38119 US

3. Date Incorporated or Qualified: 03/16/1984
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1000 Ridgeway Loop Rd
Suite, Apt. #, etc.
27 P.J. Robinson, Legal Dept.
City & State
28 Memphis TN
Zip 29 38120 Country 30 USA

4. FEI Number: 36-2685608 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 (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	D	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	MOUNTZ, WAYNE S.		1.2 NAME	Halloran, III, Edward	
STREET ADDRESS	211 HOUSE AVENUE		1.3 STREET ADDRESS	280 West Monroe Street	
CITY-ST-ZIP	CAMP HILL PA		1.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	V	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PALLAY, ALVIN J.		2.2 NAME		
STREET ADDRESS	230 W. MONROE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANICH, NORMA J.		3.2 NAME		
STREET ADDRESS	230 WEST MONROE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PALLAY, DOUGLAS J.		4.2 NAME		
STREET ADDRESS	230 WEST MONROE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	O'DAY, JOHN E		5.2 NAME		
STREET ADDRESS	5350 POPLAR AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, PATTIE J		6.2 NAME		
STREET ADDRESS	5350 POPLAR AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		6.4 CITY-ST-ZIP		

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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: Pattie J. Robinson 2-5-96 901/684 3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #