

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P04061**

1. Entity Name

RSKCO CONSULTING SERVICES, INC.**FILED**
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90078 023 ***150.00

Principal Place of Business CNA PLAZA CHICAGO IL 60685	Mailing Address CNA PLAZA STATUTORY REPORTING-216 9S CHICAGO IL 60685-0001
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 22-2479155	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD CONWAY, PETER P. JR. CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Peter P. Conway, Jr. CNA Plaza Chicago, IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVF SARATORE, ANTHONY CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Randall Hollenbeck CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV KULBICK, ROBERT CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOPD Robert Kulbick CNA Plaza Chicago, IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRVT NATHAN, LEW CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Pamela S. Dempsey CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARMS, STEVEN CNA PLAZA CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Robert J. Grob CNA Plaza Chicago, IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBIKAWSKIS, MARY CNA PLAZA CHICAGO IL 60685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS Mary A. Ribikawskis CNA Plaza Chicago, IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert J. Grob

4/4/2000

312-822-5194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

2040261

80059278

RSKCo Consulting Services, Inc..

Attachment

Officers

**Chairman
Chief Executive Officer & President
Senior Vice President
Vice President
Vice President
Vice President
Vice President & Treasurer
Assistant Vice President & Secretary
Assistant Vice President**

**Peter P. Conway
Robert Kulbick
Randall Hollenbeck
Richard L. Ryther
Bradley L. Wedel
Kenneth A. Travers
Pamela S. Dempsey
Mary A. Ribikawskis
Robert Grob**

Directors

**Peter P. Conway
Randall Hollenbeck
Robert Kulbick
Bradley L. Wedel**

**Address for all the above:
CNA Plaza
Chicago, IL 60685**