2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04102

Entity Name: WILLIS OF ILLINOIS, INC.

FILED Jan 03, 2005 Secretary of State

| Current Principal Place of Business: | | | New Princi | New Principal Place of Business: | | | |
|---|---|------------------------------------|---|--|---------------------------|--------------|--|
| 10 SOUTH SUITE 300 CHICAGO, | | REET | | | | | |
| Current Mailing Address: | | | New Mailir | New Mailing Address: | | | |
| | RY BLVD LLY GAY YOU E, TN 37214 | NG | | | | | |
| FEI Number: | 36-2691200 | FEI Number Applied For () | FEI Number Not Appli | cable () | Certificate of Status Des | sired () | |
| Name and | Address of C | urrent Registered Agent: | Name and | Address of No | ew Registered Agen | t: | |
| 1200 SOUT | ORATION SYS TH PINE ISLAN DN, FL 33324 | ND ROAD | | | | | |
| The above in the State | | submits this statement for the pur | pose of changing it | s registered of | fice or registered age | nt, or both, | |
| SIGNATUR | RE: | | | | | | |
| | Electron | ic Signature of Registered Agent | İ | | Date | | |
| Election Carr | paign Financing | Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | EALY, THOMAS | ALLE, SUITE 3000 | Title: Name: Address: City-St-Zip: | () (| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | S () YOUNG, HOLLY 26 CENTURY B NASHVILLE, TN | LVD | Title: Name: Address: City-St-Zip: | ()(| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | DVP () CAIAZZO, MAR' 7 HANOVER SO NEW YORK, NY | QUARE | Title: Name: Address: City-St-Zip: | ()(| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | VP () POLLAN, LYNN 26 CENTURY B NASHVILLE, TN | LVD | Title: Name: Address: City-St-Zip: | () (| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | T () MOONEY, C. W 26 CENTURY B NASHVILLE, TN | LVD | Title: Name: Address: City-St-Zip: | ()(| Change () Addition | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | D () COAXUM, WOLE 7 HANOVER SQU NEW YORK, NY | UARE | | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOLLY GAY YOUNG S 01/03/2005