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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P04113** (7)
1. Corporation Name
GROUP ADMINISTRATION AGENCY, INC.



Principal Place of Business Mailing Address
20 NORTH WACKER DRIVE **20 NORTH WACKER DRIVE**
CHICAGO IL 60606 **CHICAGO IL 60606-2806**

3. Date Incorporated or Qualified **11/20/1984** 3a. Date of Last Report **03/19/1996**
4. FEI Number **36-2660464** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **Suite 2700** 26 Suite, Apt. #, etc. **Suite 2700**
22 City & State **CHICAGO IL** 27 City & State **CHICAGO IL**
23 Zip **60606** Country **IL** 28 Zip **60606** Country **IL**
24 25 29 30

KOZAK, BERNICE
1125 RIVERA
VENICE FL 34285

10. Name and Address of New Registered Agent
81 Name **SUSNARA, Leona K.**
82 Street Address (P.O. Box Number is Not Acceptable) **1121 Riviera Street**
83 **VENICE**
84 City **FL** 85 Zip Code **34285**

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]

3/24/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD LYNCH, JAMES A.**
STREET ADDRESS **20 NORTH WACKER DRIVE**
CITY, ST, ZIP **CHICAGO IL**
TITLE ☐ DELETE
NAME **V MCDOWELL, JOHN W.**
STREET ADDRESS **20 NORTH WACKER DRIVE**
CITY, ST, ZIP **CHICAGO IL**
TITLE ☐ DELETE
NAME **S D SUSNARA, LEONA K.**
STREET ADDRESS **20 NORTH WACKER DRIVE**
CITY, ST, ZIP **CHICAGO IL**
TITLE ☒ DELETE
NAME **D PFAFF, JOHN A.**
STREET ADDRESS **630 N. 4TH AVENUE**
CITY, ST, ZIP **ST. CHARLES IL**
TITLE ☐ DELETE
NAME **T TRACY, ROSEMARIE**
STREET ADDRESS **20 NORTH WACKER DR.**
CITY, ST, ZIP **CHICAGO IL**
TITLE ☐ DELETE
NAME **V WOODS, WILLIAM C II**
STREET ADDRESS **20 NO WACKER DR**
CITY, ST, ZIP **CHICAGO IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES A. LYNCH President and Director

3/24/97 (312) 372-0973

Date: Daytime Phone:

CR2E034 (9/96)