

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07277 (7)

1. Corporation Name
RYAN SERVICEPLAN, INC.



Principal Place of Business 123 N WACKER DR 26 FLOOR CHICAGO IL 60606 US	Mailing Address 123 N WACKER DR CHICAGO IL 60606-1700 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 8264
22 City & State	27
23	28 Chicago IL
24 Zip Country	29 60606 U.S.

3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3297056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, KEVIN P.	1.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABIN, PAUL I	2.2 NAME	ARLENE H HARDY
STREET ADDRESS	123 NORTH WACKER DR.	2.3 STREET ADDRESS	123 N. WACKER DR.
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago IL 60606
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, HUGO A.	3.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, DAVID L.	4.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROB, ROBERT J.	5.2 NAME	Susan M. Fyda
STREET ADDRESS	123 NORTH WACKER DR.	5.3 STREET ADDRESS	123 N. Wacker Dr.
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago IL 60606
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDVIN, HARVEY N.	6.2 NAME	
STREET ADDRESS	123 N WACKER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	6.4 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: _____ **Susan M Fyda 4/29/97 3/17/01 2979**

CR2E034 (9/96)