


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90005 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P07277

1. Corporation Name  
RYAN SERVICEPLAN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 123 N WACKER DR 26 FLOOR CHICAGO IL 60606 US	Mailing Address P.O. BOX 8264 CHICAGO IL 60680 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 09/03/1985	4. FEI Number 36-3297056	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 owes the current year Intangible Personal Property Tax. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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 PD NAME O'BRIEN, KEVIN P. STREET ADDRESS 123 NORTH WACKER DR. CITY-ST-ZIP CHICAGO IL	1.1 TITLE PD 1.2 NAME Robert F. Shepard 1.3 STREET ADDRESS 123 N. Wacker Dr., Chicago, IL 1.4 CITY-ST-ZIP 60606
TITLE T NAME HARDY, ARLENE STREET ADDRESS 123 NORTH WACKER DR. CITY-ST-ZIP CHICAGO IL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE S NAME MARKOVITS, RONALD D STREET ADDRESS 123 N WACKER DR CITY-ST-ZIP CHICAGO IL 60606	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE CD NAME COLE, DAVID L. STREET ADDRESS 123 NORTH WACKER DR. CITY-ST-ZIP CHICAGO IL 60606	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE AVP NAME FYDA, SUSAN M STREET ADDRESS 123 NORTH WACKER DR. CITY-ST-ZIP CHICAGO IL	5.1 TITLE V 5.2 NAME Baer, Jerome I. 5.3 STREET ADDRESS 123 N. Wacker Dr., Chicago, IL 5.4 CITY-ST-ZIP 60606
TITLE D NAME MEDVIN, HARVEY N. STREET ADDRESS 123 N WACKER DR CITY-ST-ZIP CHICAGO IL 60606	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/28/99 312 701-3640  
SIGNATURE AN Jerome Baer Vice President, Treasurer Date Daytime Phone #

CR2E034 (11/98)