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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS 1999

DOCUMENT # P16518

1. Corporation Name

CARONIA CORPORATION

Principal Place	of Business	Mailing Address					1 10E11001 101 11010 = 1101 11101 11001 1011 1111			
3300 PGA BLVD	ļ.	STATUTORY REPORTING-21S								
STE. 700		CNA PLAZA				DO NOT WOITE IN TU	IC CDACE			
	RDENS FL 33410	CHICAGO IL 60685			<u> </u>	DO NOT WRITE IN THIS SPACE				
US						3	Date Incorporated or Qualifed			
						-	10/23/1987		Applied Fee	
2. Principal Pl	ace of Business	2a. Mailing Address				4	I. FEI Number	\vdash	Applied For	
21		26					<u>76-0196493</u>	607	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	5. Certifcate of Status Desired		5 Additional Required		
22		27								
City & State	9	City & State			6	6. Election Campaign Financing		DO May Be ed to Fees		
23		Zip Country				Trust Fund Contribution		ed to rees		
Zip				itry		8. This corporation owes the current year Intangible				
24	25 29 30					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent				
9. Name and Address of Current Registered Agent					Name	10	2. Name and Address of New Registere	u Agent		
COR	PORATION SERVICE COMPANY			81	Hame					
1201 HAYS STREET			ſ	82	Street A	Address ((P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				83						
IALL	ATA 30 E T E 0200 1-2020		j	83						
				84	City			85 Z	Zip Code	
				l				<u>L </u>	the englishment	
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	tes.						
SIGNATURE										
	Signature, typed or printed name of registered agent			4geπ	t signature red	quired when	n reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIDEC	TOPS IN 12	
12.	OFFICERS AND	DIRECTORS E DELETE	13.		————	C	ADDITIONS/CHANGES TO OFFICERS	Chan		
TITLE				T.		•	mas Taylor		J	
NAME	MCGILL, CHARLES		1.2 NA				•		İ	
STREET ADDRESS 3300 PGA BLVD., 7TH FLOOR							Plaza			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		1.4 CITY-ST-		r-ZIP	Chi	cago, IL 60685	Chan	nge Addition	
TITLE	1.0			2.1 TITLE				Li Cilai	ige	
NAME	MCGILL, CHARLES			2.2 NAME					ļ	
STREET ADDRESS	SINCE PADDICES GOOD GOT TOTAL			2.3 STREET ADDRESS					İ	
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		2.4 CF		T-ZIP			<u></u>	T Addition	
TITLE	CFO		3.1 TIT	3.1 TITLE		V/C		Char	nge 🔀 Addition	
NAME	THOMPSON, BENJAMIN F		3.2 NA	MĒ			rles LaMantia			
STREET ADDRESS	3300 PGA BLVD., 7TH FLOOR		3.3 STF	REET	ADDRESS		Plaza			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		3.4. CIT	ry- <u>s</u>	T-ZIP		cago, IL 60685			
TITLE	VS	★ DELETE	4.1 TIT	LΕ	ŀ	GV/	D n Pritz	Char	nge 🔀 Addition	
NAME	THOMPSON, BENJAMIN F		4, 2 NA	ME						
STREET ADDRESS	3300 PGA BLVD., 7TH FLOOR		4.3 STF	REET	ADDRESS	_	Plaza			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334		4.4 CIT	Y-51	T-ZIP	Chic	cago, IL 60685			
TITLE	V		5.t TIT	LE]			Char	ngeAddition	
NAME	CONWAY, KATHLEEN M	-	5.2 NA	ME		-	* · ·		•	
STREET ADDRESS	13545 BARRETT PARKWAY DR.,	SUITE 250	5.3 STI	REET	T ADDRESS	-		•		
CITY-ST-ZIP	ST. LOUIS MO 63021		5.4 C/T	Y-5	T-ZIP		A STATE OF THE STA			
TITLE	V	> DELETE	6.1 TIT	LÉ		AS		Char	nge 🕌 Addition	

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.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

LAMANTIA, CHARLES A

Mary Ribikawskis

CNA Plaza

312-822-6312

306255-90038-49 Caronia Corporation P16518

Officers

Chairman of the Board

President

Vice President and Chief Financial Officer

Group Vice President and Secretary

Group Vice President

Group Vice President

Assistant Vice President

Assistant Vice President

Assistant Vice President

Assistant Secretary

Thomas Taylor

Charles H. McGill

Charles LaMantia

Rima Skorubskas

John J. Sullivan

Alan Pritz

Kathy Conway

Alan Landburg

James Page

Mary Ribikawskis

Directors

Charles H. McGill Alan Pritz Thomas Taylor