


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90320 002 \*\*\*150.00

<b>DOCUMENT # P16518</b> 1. Entity Name <b>CARONIA CORPORATION</b>					
Principal Place of Business <b>3300 PGA BLVD. STE. 700 PALM BCH. GARDENS, FL 33410 US</b>			Mailing Address <b>CNA PLAZA STATE SPECIFIC 9 S-H CHICAGO, IL 60685</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>76-0196493</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GVP BORGESON, CHRISTOPHER T CNA PLAZA CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President John J. Sullivan, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, TIMOTHY CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SLIWA, JERRY F CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMPSEY, PAMELA CNA PLAZA CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treasurer Dennis Hemme <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPS RIBIKAWSKIS, MARY CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jerry F. Sliwa</u>			Jerry F. Sliwa Assistant Vice President 4/21/04 312-822-7191 Date Daytime Phone #		

**Current Officers**

**Caronia Corporation**

Officer

Timothy R. Morse  
John J. Sullivan, Jr.  
Bruce W. Dmytrow  
Dennis Hemme  
Kathleen M. Conway  
Robert J. Grob  
Mary A. Ribikawskis  
Jerry F. Sliwa  
David Lehman

Title

Chairman of the Board & President  
Senior Vice President  
Vice President  
Vice President & Treasurer  
Assistant Vice President  
Assistant Vice President  
Assistant Vice President & Secretary  
Assistant Vice President  
Assistant Secretary

Kathleen M. Conway  
Bruce W. Dmytrow  
Timothy R. Morse

Director  
Director  
Director

Address for all of the above:  
CNA Plaza  
Chicago, IL 60685

Attachment  
540216453

Doc# P16518