



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 040 ***150.00

DOCUMENT # P16518 1. Entity Name CARONIA CORPORATION					
Principal Place of Business 3300 PGA BLVD. STE. 700 PALM BCH. GARDENS, FL 33410 US			Mailing Address CNA PLAZA STATE SPECIFIC 9 S-H CHICAGO, IL 60685		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address CNA Center Suite, Apt. #, etc. State Specific, 28-S		40043443 	
City & State		City & State Chicago, IL		4. FEI Number 76-0196493	
Zip Country U.S.A.		Zip 60685		Country U.S.A.	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SULLIVAN, JOHN J JR. CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Stephen J. Westman CNA Center Chicago, IL 60685
		<input checked="" type="checkbox"/> Change <input 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	CBDP CNA Center Chicago, IL 60685
		<input checked="" 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	CNA Center Chicago, IL 60685
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEMME, DENNIS CNA PLAZA CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CNA Center Chicago, IL 60685
		<input checked="" type="checkbox"/> Change <input 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	CNA Center Chicago, IL 60685
		<input checked="" 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	CNA Center Chicago, IL 60685
		<input checked="" 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jerry F. Sliwa, Asst. Vice President 4-7-05 312 822-7191 <small>Date Daytime Phone #</small>		

ATTACHMENT

Caronia Corporation

Director

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

Title

Director
Director
Director

Officer

Timothy R. Morse
Stephen J. Westman
Bruce W. Dmytrow
Dennis R. 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

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ADDRESS OF ALL OFFICERS AND DIRECTORS

CNA CENTER
Chicago, IL 60685