FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26000** **(0)**

1. Corporation Name

AON DIRECT GROUP, INC.

Principal Place of Business	Mailing Address
123 NORTH WACKER DRIVE **CHICAGO IL 60606**	**123 NORTH WACKER DRIVE** **CHICAGO IL 60606**

3. Date Incorporated or Qualified: **09/11/1989**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **36-3642411** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent Signature required when changing)

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	RICE, MICHAEL D.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AV	☐ DELETE
NAME	GRAB, ROBERT	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☐ DELETE
NAME	RABIN, PAUL I.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	TREVOSE PA	
TITLE	PD	☐ DELETE
NAME	FOYS, ROBERT M.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	☐ DELETE
NAME	HANNER, JEROME S	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☐ DELETE
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☒ Change ☐ Addition
22 NAME	Grab, Robert J.	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert J. Grab Robert J. Grab 4-17-96 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)