

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # P26000

(0)

1. Corporation Name

AON DIRECT GROUP, INC.



Principal Place of Business

123 NORTH WACKER DRIVE
CHICAGO IL 60606

Mailing Address

123 NORTH WACKER DRIVE
CHICAGO IL 60606-1700

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 8264

Suite, Apt. #, etc.

27

City & State

28 Chicago IL

Zip

29

60606

Country

30

U.S.

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

05/01/1996

4. FCI 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D RICE, MICHAEL D.
STREET ADDRESS
123 N. WACKER DRIVE
CITY-ST-ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
AV GROB, ROBERT J
STREET ADDRESS
123 NORTH WACKER DRIVE
CITY-ST-ZIP
CHICAGO IL

TITLE ☒ DELETE

NAME
T RABIN, PAUL I.
STREET ADDRESS
123 N. WACKER DRIVE
CITY-ST-ZIP
TREVOS PA

TITLE ☐ DELETE

NAME
PD FOYS, ROBERT M.
STREET ADDRESS
123 N. WACKER DRIVE
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
VP HANNER, JEROME S
STREET ADDRESS
123 N. WACKER DRIVE
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
S JESCHKE, ARLENE
STREET ADDRESS
123 N. WACKER DR.
CITY-ST-ZIP
CHICAGO IL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AVP
SUSAN FUDA
123 N. WACKER DR.
CHICAGO IL 60606
T
ARLENE HARDY
123 N. WACKER DR.
CHICAGO IL 60606

14. I do 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.

SIGNATURE:

Susan M Fuda

312.761.3978

CR2E034 (9/96)