

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90080 031 ***150.00

DOCUMENT # P26000

1. Entity Name

AFFINITY INSURANCE SERVICES, INC.

Principal Place of Business

**123 NORTH WACKER DRIVE
 CHICAGO IL 60606**

Mailing Address

**P.O. BOX 8264
 CHICAGO IL 60680
 US**

2. Principal Place of Business

200 E. RANDOLPH DR.

3. Mailing Address

Suite, Apt. #, etc.

TAX DEPT 4th FLOOR

City & State

Chicago, IL

City & State

Zip

Country

60601

USA

4. FEI Number

36-3642411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	RICE, MICHAEL D.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ Delete
NAME	BAER, JEROME I	
STREET ADDRESS	123 NORTH WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PD	☐ Delete
NAME	GARVIN, KEVIN P	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	PD	☐ Delete
NAME	FOYS, ROBERT M.	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☐ Delete
NAME	AIGOTTI, DIANE	
STREET ADDRESS	123 N. WACKER DRIVE	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	S	☐ Delete
NAME	JESCHKE, ARLENE	
STREET ADDRESS	123 N. WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Change ☐ Addition
NAME	RICE, MICHAEL D.	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	
TITLE	V	☒ Change ☐ Addition
NAME	BAER, JEROME I	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	
TITLE	PD	☒ Change ☐ Addition
NAME	GARVIN, KEVIN P.	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	
TITLE	PD	☒ Change ☐ Addition
NAME	Foys, Robert M.	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	
TITLE	T	☒ Change ☐ Addition
NAME	Aigotti, Diane M.	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	
TITLE	S	☒ Change ☐ Addition
NAME	Jeschke, Arlene	
STREET ADDRESS	200 E. Randolph Dr., Chicago, IL 60601	
CITY-ST-ZIP	200 E. Randolph Dr., Chicago, IL 60601	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 312-381-3273

Date

Daytime Phone #

CR2E034 (9/01)