

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1999 AUG 12 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # Continental Rehabilitation Resources, Inc.

1. Corporation Name

#P29303

Principal Place of Business

CNA Plaza
Chicago, IL 60685

Mailing Address

1633 Broadway, New York, NY
10019
1633 Broadway

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
C	Peter P. Conway, Jr.	CNA Plaza	Chicago, IL 60685
P	Robert Kublick	CNA Plaza	Chicago, IL 60685
SVP	Virginia E. Keck	CNA Plaza	Chicago, IL 60685
SVP	Judith L. Whitehouse	CNA Plaza	Chicago, IL 60685
SVP	Dana J. Leckie	CNA Plaza	Chicago, IL 60685
SVP	Tracy A. Fritz	CNA Plaza	Chicago, IL 60685

8. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date August 10, 1999

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mary A. Rihikawskis
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Mary A. Rihikawskis

Date

312-822-5000

Daytime Phone #

OFFICERS

Vice President
Vice President
Vice President and Assistant Treasurer
Assistant Vice President
Assistant Vice President
Secretary

Eileen C. Ramallo
Michael L. Warren
Pamela S. Dempsey
Steven Harms
Robert Grob
Mary A. Ribikawskis

Directors

Peter P. Conway, Jr
Virginia E. Keck
Robert Kublick
Judith L. Whitehouse

**ADDRESS FOR ALL
OFFICERS AND DIRECTORS**

CNA Plaza
Chicago, Illinois 60685

TERMS EXPIRE: April, 2000

2/99