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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:02

DOCUMENT # **P33916** **(8)**

1. Corporation Name
TRANSCONTINENTAL TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
CNA PLAZA CHICAGO IL 60685	CNA PLAZA - 38S C/O KEVIN E. BATTLE CHICAGO IL 60685 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1991	3a. Date of Last Report: 04/26/1994
4. FEI Number: 36-3562456	☐ 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

CT CORPORATION SYSTEM
1200 S. 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, PETER P.	1.2 NAME	
STREET ADDRESS	CNA PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	SVS	2.1 TITLE	☐ Change ☐ Addition
NAME	DANGELO, CHARLES H.	2.2 NAME	
STREET ADDRESS	CNA PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, ROBERT A.	3.2 NAME	
STREET ADDRESS	CNA PLAZA	3.3. STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HARDER, DONALD E.	4.2 NAME	Donnelley, Thomas E.
STREET ADDRESS	CNA PLAZA	4.3 STREET ADDRESS	CNA Plaza
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, IL
TITLE	D	5.1 TITLE	Vice President ☒ Change ☐ Addition
NAME	MULLINS, JAMES B.	5.2 NAME	Battle, Kevin E.
STREET ADDRESS	CNA PLAZA	5.3 STREET ADDRESS	Chicago, IL
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, CAROLYN L.	6.2 NAME	
STREET ADDRESS	CNA PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

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: Kevin E. Battle Kevin E Battle 1-20-95 (312) 822-5593
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0477437 FP