

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90089 033 \*\*\*150.00

**DOCUMENT # P33916**

1. Entity Name

**RSKOO SERVICES, INC.**

Principal Place of Business

**CNA PLAZA  
 21S  
 CHICAGO IL 60685**

Mailing Address

**CNA PLAZA  
 STATE SPECIFIC 9S  
 CHICAGO IL 60685**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-3562456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. 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	CEO	<input type="checkbox"/> Delete
NAME	KULBICK, ROBERT R	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIBIKAWSKIS, MARY A	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CILLO, SHELLEY	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONNELLEY, THOMAS E	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	HOLLENBECK, RANDALL	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	
TITLE	VT	<input type="checkbox"/> Delete
NAME	DEMPSEY, PAMELA S	
STREET ADDRESS	CNA PLAZA	
CITY-ST-ZIP	CHICAGO IL 60685	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J. Grob	
STREET ADDRESS	CNA Plaza	
CITY-ST-ZIP	Chicago, IL 60685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Robert J. Grob*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Grob

4/29/02

Date

312-822-5194

Daytime Phone #

CR2E034 (9/01)