

2004 FOR-PROFIT CORPORATION REINSTATEMENT

86. 947-045

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11102004 REIN-P CR2E098 (6/04)

DOCUMENT # P33916			
1. Entity Name RSKCO SERVICES, INC.			
Principal Place of Business 405 HIGHWAY 121 BYPASS BLDG A SUITE 200 ATTN: CHRIS WILLIS LEWISVILLE, TX 75067		Mailing Address 405 HIGHWAY 121 BYPASS BLDG A SUITE 200 ATTN: CHRIS WILLIS LEWISVILLE, TX 75067	
2. Principal Place of Business		3. Mailing Address P.O. Box 703689	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Dallas, TX	
Zip	Country	Zip	Country
		75370-3689	U.S.A.
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Maria Ozaeta</i>		Maria Ozaeta Vice President	
Signature, typed or printed name of registered agent and title if applicable.		NOTE: Registered agent signature required when reinstating.	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00		800043371118 12/13/04--01064-12/10/04 750.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KULBICK, ROBERT R CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/President JAN Christiansen 405 St. Hwy 121 Bypass, Bldg. A, Su. 200 Lewisville, TX 75067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIBIKAWSKIS, MARY A CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Sr. VP KAREN Austin 405 St. Hwy 121 Bypass, Bldg. A, Su. 200 Lewisville, TX 75067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GROB, ROBERT J CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO/Sr. VP David Repenski 405 St. Hwy 121 Bypass, Bldg. A, Su. 200 Lewisville, TX 75067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTAO, HELEN CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Hari Subramania 405 St. Hwy 121 Bypass, Bldg. A, Su. 200 Lewisville, TX 75067 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HOLLENBECK, RANDALL CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEMPSEY, PAMELA S CNA PLAZA CHICAGO, IL 60685 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.			
SIGNATURE: <i>Karen Austin</i>		KAREN Austin 12/9/04 (214) 488-5139	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	