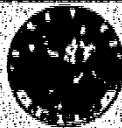


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

*CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40109** (1)

1. Corporation Name

VISTAR RISK MANAGEMENT SERVICES, INC.

Principal Place of Business

**1400 AMERICAN LANE
SCHUMBURG IL 60186**

Mailing Address

**1400 AMERICAN LANE
SCHUMBURG IL 60186**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/18/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

36-3839542

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

9. Name and Address of Current Registered Agent

**LASHLEY, GREG
2301 MATLAND CENTER PKWY.
200 LINCOLN PLACE, SUITE 400
MATLAND FL 32751-0116**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C**
NAME **BOLINDER, WILLIAM H.**
STREET ADDRESS **20726 N. MEADOW LANE**
CITY-ST-ZIP **BARRINGTON IL**

TITLE **D**
NAME **ALTER, LOREN J.**
STREET ADDRESS **1370 WESTMOOR TRAIL**
CITY-ST-ZIP **WINNETKA IL**

TITLE **D**
NAME **GALER, DONNA**
STREET ADDRESS **103 HILLSHIRE DRIVE**
CITY-ST-ZIP **INVERNESS IL**

TITLE **P**
NAME **LYNAM, JAMES P.**
STREET ADDRESS **480 PAUL CIRCLE**
CITY-ST-ZIP **BARRINGTON IL**

TITLE **S**
NAME **RUBIN, DAVID A.**
STREET ADDRESS **1030 N. STATE 2-H**
CITY-ST-ZIP **CHICAGO IL**

TITLE **T**
NAME **ALTER, LOREN J.**
STREET ADDRESS **1370 WESTMOOR TRAIL**
CITY-ST-ZIP **WINNETKA IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 116.07(3)(k), 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:

David A. Rubin

David A. Rubin, Secretary 4/6/95 708-605-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #