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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P40109** **(1)**

1. Corporation Name

THE ZURICH SERVICES CORPORATION

Principal Place of Business	Mailing Address
1400 AMERICAN LANE SCHAUMBURG IL 60196	1400 AMERICAN LANE SCHAUMBURG IL 60196

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/18/1992**

3a. Date of Last Report: **04/19/1995**

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 MAITLAND CENTER PKWY.
200 LINCOLN PLACE, SUITE 400
MAITLAND 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 _____ DATE

Signature, typed or printed name of registered agent and title if agent is a corporation / Signature of New Registered Agent, if changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOLINDER, WILLIAM H.		1.2 NAME	
STREET ADDRESS	20726 N. MEADOW LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALTER, LOREN J.		2.2 NAME	
STREET ADDRESS	1370 WESTMOOR TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GALER, DONNA		3.2 NAME	
STREET ADDRESS	103 HILLSHIRE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS IL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LYNAM, JAMES P.		4.2 NAME	
STREET ADDRESS	490 PAUL CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RUBIN, DAVID A.		5.2 NAME	
STREET ADDRESS	1030 N. STATE 2-H		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ALTER, LOREN J.		6.2 NAME	
STREET ADDRESS	1370 WESTMOOR TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINNETKA IL		6.4 CITY-ST-ZIP	

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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: **David A. Rubin, Secretary** **April 22, 1996** **847-605-6003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)