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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
1400 AMERICAN LANE  
SCHAUMBURG IL 60196

Mailing Address  
1400 AMERICAN LANE  
SCHAUMBURG IL 60196-5452



3. Date Incorporated or Qualified 08/18/1992  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	36-3839542	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
			<input type="checkbox"/> Yes <input type="checkbox"/> 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

(Signature required in printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Change of address only
NAME	BOLINDER, WILLIAM H.	1.2 NAME	389 White Oak Lane
STREET ADDRESS	20728 N. MEADOW LANE	1.3 STREET ADDRESS	Lake Barrington Shores IL 60010
CITY-ST-ZIP	BARRINGTON IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
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	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
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	

14. I do 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 included 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

April 14, 1997

847-605-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0481862

CR2E034 (9/96)