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FILED
May 19 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 # P40473 (1)

1. Corporation Name

AON CONSULTING OF PENNSYLVANIA, INC.

Principal Place of Business

ONE FAYETTE ST.
CONSHOHOCKEN PA 19428
US

Mailing Address

123 N. WACKER DR.
26 FLOOR
CHICAGO IL 60606-1700
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 8264
Suite, Apt. #, etc.

27 City & State

28 Chicago IL

29 60606 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/08/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

23-2293237

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. 199.03?
Florida Statutes ☐ Yes ☐ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS ADAMS, CYNTHIA P.
CITY-ST-ZIP 123 N. WACKER DRIVE
CHICAGO IL

TITLE ☐ DELETE

NAME PD
STREET ADDRESS INGRAM, DONALD I
CITY-ST-ZIP ONE FAYETTE ST.
CONSHOHOCKEN PA 19428

TITLE ☐ DELETE

NAME VS
STREET ADDRESS HANNER, JEROME S.
CITY-ST-ZIP 123 N. WACKER DR.
CHICAGO IL

TITLE ☒ DELETE

NAME AV
STREET ADDRESS GROB, ROBERT
CITY-ST-ZIP 123 N. WACKER DR.
CHICAGO IL

TITLE ☐ DELETE

NAME V
STREET ADDRESS BERGER, JAMES P.
CITY-ST-ZIP ONE FAYETTE STREET
CONSHOHOCKEN PA

TITLE ☒ DELETE

NAME T
STREET ADDRESS RABIN, PAUL I.
CITY-ST-ZIP 123 N. WACKER DR.
CHICAGO 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

AVP
SUSAN M. FYDA
123 N. WACKER DR.
CHICAGO IL 60606

T
ARLENE H. HARDY
123 N. WACKER DR.
CHICAGO IL 60606

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 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:

Susan M. Fyda 4/27/97 312-701-3978

CR2E034 (9/96)