

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000056909 (0)
1. Corporation Name

CNA UNISOURCE OF FLORIDA, INC.



Principal Place of Business

CNA PLAZA 25S ROAD
CHICAGO IL 60685

Mailing Address

CNA PLAZA 25S ROAD
CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1996

4. FEI Number

65-0685111

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 CNA Plaza,

Suite, Apt. #, etc.

22 City & State

23 Chicago, IL

24 Zip
60685

25 Country
U S A

2a. Mailing Address

26 CNA Plaza 21S,

Suite, Apt. #, etc.

27 City & State

28 Chicago, IL

29 Zip
60685

30 Country
U S A

9. Name and Address of Current Registered Agent

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

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 STP ☒ DELETE

NAME THOM, WILLIAM F
STREET ADDRESS 764 BRADENTON ROAD
CITY-ST-ZIP VENICE FL

TITLE PD ☐ DELETE

NAME Michael W. Kooken
STREET ADDRESS CNA Plaza
CITY-ST-ZIP Chicago, IL 60685

TITLE SVP ☐ DELETE

NAME Daniel A. Cacchione
STREET ADDRESS CNA Plaza
CITY-ST-ZIP Chicago, IL 60685

TITLE SVP/CFD ☐ DELETE

NAME Donald J. Hallagan
STREET ADDRESS CNA Plaza
CITY-ST-ZIP Chicago, IL 60685

TITLE GVP/C ☐ DELETE

NAME Patricia L. Kubera
STREET ADDRESS CNA Plaza
CITY-ST-ZIP Chicago, IL 60685

TITLE GVP/S ☐ DELETE

NAME Paul F. Hourihan
STREET ADDRESS CNA Plaza
CITY-ST-ZIP Chicago, IL 60685

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE COBD ☒ Change ☐ Addition

1.2 NAME Michael S. McGavick
1.3 STREET ADDRESS CNA Plaza
1.4 CITY-ST-ZIP Chicago, IL 60685

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

100002606131
-08/04/98--01001--019
***150.00

14. 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 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:

Steven Harms

7/21/98

312-822-3905

CR2E034 (5/98)

CNA Unisource, Inc.
Officers

Chairman of the Board	Michael S. McGavick
President	Michael W. Kooken
Senior Vice President - Marketing	Daniel A. Cacchione
Senior Vice President	Claudia Gamache
Senior Vice President	
and Chief Financial Officer	Donald J. Hallagan
Senior Vice President	Zaven Kazazian
Group Vice President	
& Controller	Patricia L. Kubera
Group Vice President	
& Secretary	Paul F. Hourihan
Vice President and Treasurer	Pamela S. Dempsey
Vice President	Margaret Redd
Vice President	Dana Shuttters
Vice President	Lawrence J. Boysen
Assistant Vice President	Steven Harms
Assistant Secretary	Robert Grob
Assistant Secretary	Mary A. Ribikawskis

Directors

Michael S. McGavick
Michael Kooken
Paul Hourihan

11/97

ALL LOCATED AT:
CNA PLAZA
CHICAGO, ILLINOIS 60685



CNA Plaza Chicago IL 60685-0001

July 21, 1998

Annual Reports Filings
Division of Corporations
P. O. BOX 6327
Tallahassee, FL 32314

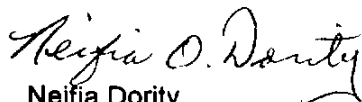
Re: Annual Report and Filing Fee
CNA Unisource of Florida, Inc., Inc.

Dear Sir/Madam:

Enclosed is the completed Annual Report Form and the required \$150.00 filing fee for the above captioned company. The original annual report form was never received by us.

If you have any questions or concerns, please feel free to contact me.

Very truly yours,



Neifia Dority
Manager
Statutory Reporting - 21S
(312) 822-4314