

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000056909**

1. Entity Name

CNA UNISOURCE OF FLORIDA, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90080 035 ***150.00

Principal Place of Business

CNA PLAZA
CHICAGO IL 60685

Mailing Address

CNA PLAZA-9S
CHICAGO IL 60685

2. Principal Place of Business

3. Mailing Address

CNA Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State Specific - 9S

City & State

City & State
Chicago, Illinois4. FEI Number **65-0685111**

Applied For

Not Applicable

Zip

Country

Zip
60685Country
USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|--|---|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COBD MCGAVICK, MICHAEL S CNA PLAZA, CHICAGO IL 60685 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPSD Gaughan, Geri CNA Plaza Chicago, IL 60685 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOP KHAN, NAJEEB A CNA PLAZA, CHICAGO IL 60685 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV CACCHIONE, DANIEL A CNA PLAZA, CHICAGO IL 60685 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AV GROB, ROBERT J CNA PLAZA, CHICAGO IL 60685 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V RIBIKAWSKIS, MARY A CNA PLAZA, CHICAGO IL 60685 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | AVPAS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT DEMPSEY, PAMELA S CNA PLAZA, CHICAGO IL 60685 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelly Cillo***Shelly Cillo, Vice President, 04/26/2001, 822-5486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

04/26/2000

Current Officers & Directors

CNA UniSource of Florida, Inc.

Director

Geri Gaughan
Najeeb A. Khan
Michael McGavick

Title

Director
Director
Director

Officer

Geri Gaughan
Najeeb A. Khan
Milind Agtey
Daniel A. Cacchione
Zaven K. Kazazian
A. Robert O'Brien
John J. Sullivan, Jr.
Shelly Cillo
Jonathan Cook
Pamela S. Dempsey
Robert J. Grob
Mary A. Ribikawskis

Title

Senior Vice President, General Counsel & Secretary
Chariman of the Board, Chief Executive Officer & President
Senior Vice President & Chief Financial Officer
Senior Vice President - Marketing
Senior Vice President
Senior Vice President
Group Vice President
Vice President
Vice President
Vice President & Treasurer
Assistant Vice President
Assistant Vice President & Assistant Secretary

835716
~~# P 96000056909~~

Address for all
Officers and Directors:

CNA Plaza
Chicago, Illinois 60685