

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 033 ***150.00

DOCUMENT # P98000088798

1. Corporation Name

AON CONSULTING, INC.

Principal Place of Business

1001 BRICKELL DR., 10TH FLOOR
MIAMI FL 60606

Mailing Address

1001 BRICKELL DR., 10TH FLOOR
MIAMI FL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

36-4254410

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

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2a. Mailing Address

26 Tax Dept
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

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

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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME COX, DANIEL T
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME IMGRAM, DONALD C
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HUNGER, DANIEL F
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME Baer, Jerome J.
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

4.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME Hardy, Arlene H.
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606

5.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME

4/28/99 (312) 701-3640

Date

Daytime Phone #

CR2E034 (11/98)

0584248