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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V68873** (1)

1. Corporation Name

**ROLLINS HUDIG HALL HEALTHCARE RISK, INC.**



Principal Place of Business

**123 NORTH WACKER DR.  
26 FLOOR  
CHICAGO IL 60606  
US**

Mailing Address

**123 NORTH WACKER DR.  
26 FLOOR  
CHICAGO IL 60606**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33224**

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 607.1506, 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 firm if applicable

(If not a Registered Agent, signature required for each director)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P**

**EVERETT, FRANCES B  
123 N. WACKER DR.  
CHICAGO IL 60606**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V**

**HANNER, JEROME S  
123 N. WACKER DR.  
CHICAGO IL 60606**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T**

**RABIN, PAUL I  
123 N. ACKER DR.  
CHICAGO IL 60606**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S**

**JESCHKE, ARLENE  
123 N. WALKER DR.  
CHICAGO IL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AV**

**GROB, ROBERT  
123 N. WACKER DR.  
CHICAGO IL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD**

**HUNGER, DANIEL F  
123 N. WACKER DR.  
CHICAGO IL 60606**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Robert J. Grob*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J. Grob*

*4-17-96*

*312-761-3978*  
Daytime Phone

CR2E034 (12/95)