FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** V68873 ROLLINS HUDIG HALL HEALTHCARE RISK, INC. Principal Place of Business Mailing Address 123 NORTH WACKER DR. 123 NORTH WACKER DR. 26 FLOOR 26 FLOOR CHICAGO IL 60606 CHICAGO IL 60606 3. Date Incorporated or Qualified 3a. Date of Last Benort 10/06/1992 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0360418 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Z_{10} Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33224** 83 City 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 Floridal 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, typed or printed hance of respectively ago in and the inapple as a (NOT) Registered Agents graften in quiest are 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE ☐ Change Addition **EVERETT, FRANCES B** NAME 1.2 NAME 123 N. WACKER DR. STREET ADDRESS 13 STREET ADDRESS CHICAGO IL 60606 CITY-ST-ZIP 1.4 CITY - ST - 7IP TILE DELETE 2.1 TIBLE Change Addition HANNER, JEROME S NAME 2.2 NAM5 STREET ADDRESS 123 N. WACKER DR. 2.3 STREET ADDRESS CHICAGO IL 60606 CITY - ST - ZIP 2 4 CHY-ST-ZIP TIBLE DELETE 3 1 T TLE Change Add:tion RABIN, PAUL I NAME 3.2 NAME 123 N. ACKER DR. STREET ADDRESS 3.3. STREET ADORESS CHICAGO IL 60606 DITY-ST-7IP 3.4 CHY SI-ZIP THE DELETE 4 1 TITLE Change Addition NAME JESCHKE, ARLENE 4.2 NAME 123 N. WALKER DR. STREET ADDRESS 4.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 4.4 City - St - ZiF DELETE TITLE A۷ 5 1 TITLE ☐ Change Mddition GROB. ROBERT NAME 5.2 NAME : **20000180900**2 -05/06/96--01036--036 123 N. WACKER DR. STREET ADORESS 5.3 STREET ADDRESS CHICAGO IL CITY - ST - 2iP 5.4 CHTY - \$1 - ZIP ***200.00 ···· VD DELETE TITLE 6 1 Title Change HUNGER, DANIEL F NAME 6.2 NAME 123 N. WACKER DR.

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I furnor 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 eath; 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

6.3 STHEET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

CHICAGO IL 60606

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED N

JE OF SIGNING OFFICER OR DIRECTOR

(12/95)

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