

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06810

Entity Name: GALLAGHER BASSETT SERVICES, INC.**Current Principal Place of Business:**TWO PIERCE PLACE
ITASCA, IL 60134**Current Mailing Address:**TWO PIERCE PLACE
ITASCA, IL 60134**FEI Number:** 36-3365500**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SEC
Name	HANES-DOWD, APRIL
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60143

Title	PRES, DIR
Name	HUDSON, SCOTT R
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60143

Title	TREA
Name	LAZZARO, JACK H
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60143

Title	DIR
Name	GREIFENKAMP, LAURA
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60143

Title	AVP
Name	COYNE, LISA A
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60143

Title	DIR
Name	BAY, WALTER D
Address	TWO PIERCE PLACE
City-State-Zip:	ITASCA IL 60134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA A. COYNE**AUTHORIZED PERSON****04/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date