

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90435 017 \*\*\*150.00

**DOCUMENT #** FO10000002505 ✓  
1. Entity Name  
**CAMBRIDGE GALAHER SETTLEMENTS AND INSURANCE SERV.**

**DO NOT WRITE IN THIS SPACE**

671184

2. Principal Place of Business <b>200 E RANDOLPH STREET</b>		3. Mailing Address <b>P. O. BOX 8264</b>	
Suite, Apt. #, etc. <b>TAX DEPT 4TH FLOOR</b>		Suite, Apt. #, etc.	
City & State <b>CHICAGO</b>		City & State <b>CHICAGO</b>	
Zip <b>60601</b>	Country <b>U S A</b>	Zip <b>60680-8264</b>	Country <b>U S A</b>

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4. FEI Number <b>36-4268480</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**7. Name and Address of Current Registered Agent**

Name <b>C T CORPORATION SYSTEM</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND</b>
City <b>PLANTATION</b>
State <b>FL</b>
Zip Code <b>33324</b>

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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$81.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT</b>	NAME <b>JOHN Q ADAMS</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			
TITLE <b>VICE PRESIDENT</b>	NAME <b>JEROME I BAER</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			
TITLE <b>SECRETARY</b>	NAME <b>ARLENE JESCHKE</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			
TITLE <b>TREASURER</b>	NAME <b>DIANE M AIGOTTI</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			
TITLE <b>DIRECTOR</b>	NAME <b>JAMES J BOND</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			
TITLE <b>DIRECTOR</b>	NAME <b>TRACEY A CARRAGHER</b>	TITLE	NAME
STREET ADDRESS <b>200 E RANDOLPH STREET</b>	STREET ADDRESS <b>CHICAGO, ILLINOIS 60601</b>	STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP			

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jerome I Baer* **JEROME I BAER**

**04/27/02 312-381-1000**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)