

1.) CORPORATION NAME:

**Continental Service Provider, Inc.**

DUE DATE: **10/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1527292**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S WABASH AVENUE

CITY/ST/ZIP: CHICAGO, IL 60604-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOEY H BECKER  
TITLE: P/CEO  
ADDRESS: 4150 N DRINKWATER BLVD  
STE 400  
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251-

OFFICER

DIRECTOR

NAME: MARY A RIBIKAWSKIS  
TITLE: ASST VP/S  
ADDRESS: 333 S WABASH AVENUE  
CITY/ST/ZIP/CO: CHICAGO, IL 60604-

OFFICER

DIRECTOR

NAME: DONALD OLIVER  
TITLE: EVP  
ADDRESS: 4150 N DRINKWATER BLVD STE 400  
CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251-

OFFICER

DIRECTOR

NAME: ALBERT J MIRALLES, JR.  
TITLE: SR VP/T  
ADDRESS: 333 S WABASH AVENUE  
CITY/ST/ZIP/CO: CHICAGO, IL 60604-

OFFICER

DIRECTOR

NAME: BRIAN J LOEBACH  
TITLE: SR VP  
ADDRESS: 333 S WABASH AVENUE  
CITY/ST/ZIP/CO: CHICAGO, IL 60604-

OFFICER

DIRECTOR

NAME: LAWRENCE J BOYSEN TITLE: SR VP/CT ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAWN KANESHIGE TITLE: ASST SECRETARY ADDRESS: 4150 N DRINKWATER BLVD STE 400 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN LOUGHLIN TITLE: SR VP/CFO ADDRESS: 333 S WABASH AVENUE STE 400 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RICHARD C EHLERS, JR. TITLE: VP/ GEN COUNSEL ADDRESS: 333 S WABASH AVENUE STE 400 CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RANDALL RIFE TITLE: VICE PRESIDENT ADDRESS: 4150 N DRINWATER BLVD STE 400 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT J GROB TITLE: AVP ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK K KRUMDICK TITLE: AVP ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID B LEHMAN TITLE: ASST SECRETARY ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARY A RIBIKAWSKIS	MARY A RIBIKAWSKIS, ASST VP/S	10/13/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.