

1.) CORPORATION NAME:

Continental Service Provider, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOEY H BECKER	
TITLE:	P/CEO	
ADDRESS:	4150 N DRINKWATER BLVD	
CITY/ST/ZIP/CO:	STE 400 SCOTTSDALE, AZ 85251	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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:	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:	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:	ALBERT J MIRALLES, JR.	
TITLE:	SR VP/T	
ADDRESS:	333 S WABASH AVENUE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARY A RIBIKAWSKIS	
TITLE:	ASST VP/S	
ADDRESS:	333 S WABASH AVENUE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604	

NAME: RANDALL RIFE TITLE: VICE PRESIDENT ADDRESS: 4150 N DRINKWATER BLVD STE 400 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DONALD OLIVER TITLE: EVP ADDRESS: 4150 N DRINKWATER BLVD STE 400 CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85251	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: 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: 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
NAME: BRIAN J LOEBACH TITLE: DIRECTOR ADDRESS: 333 S WABASH AVENUE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TODD R. URBON TITLE: ASST TREASURER ADDRESS: 333 S. WABASH AVE. 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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARY A RIBIKAWSKIS, ASST VP/S PRINTED NAME AND CORPORATE TITLE	10/21/2013 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.		