

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90083 009 ***150.00

DOCUMENT # 853573

1. Entity Name
AGIS SECURITY INSURANCE COMPANY

Principal Place of Business PARD DRIVE 200 PA 17110	Mailing Address P.O. BOX 3153 HARRISBURG PA 17105-3153
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2. Principal Place of Business 2407 PARK DRIVE Suite, Apt. #, etc. SUITE 200 City & State HARRISBURG, PA Zip 17110 Country DAUPHIN	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2035821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D <input type="checkbox"/> Delete NISSLEY, JOHN J 1620 PARKWAY WEST HARRISBURG, PA 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
S <input type="checkbox"/> Delete DEBORAH A GOOD 4283 WIMBLEDON DR HARRISBURG PA 17112	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
CEO <input type="checkbox"/> Delete LANE JR, MARTIN G 2407 PARK DRIVE, SUITE 200 HARRISBURG PA 17110	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
D <input type="checkbox"/> Delete BRITTON, KENNETH R 329 S FRONT ST WORMLEYSBURG PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
P <input type="checkbox"/> Delete FRITZ, DARLEEN 1410 WATERFORD CAMP HILL PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
T <input type="checkbox"/> Delete THOMAS, RONALD K. 525 CAROL STREET NEW CUMBERLAND PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William J. Wolleying* **CPA** **2/17/00** **(717)657-9671**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)