

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90082 037 \*\*\*150.00

05435959

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003348**

1. Corporation Name  
**EDCO INSURANCE SERVICES, INC.**



Principal Place of Business Mailing Address

C/O Newcourt Services - Tax  
 2 Gatehall Drive  
 Parsippany, NJ 07054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

35-2003494

Applied For

Not Applicable

21 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

22 City & State

C/O Newcourt Services - Tax  
 2 Gatehall Drive  
 Parsippany, NJ 07054

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

23

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEMS  
 1200 SO PINE ISLAND RD  
 PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME TD WILSON, GEORGE  
 STREET ADDRESS 181 BAY ST STE 3500  
 CITY-ST-ZIP TORONTO ONTARIO CANADA

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD BOYES, W S  
 STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER  
 CITY-ST-ZIP INDIANAPOLIS IN 46204

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VSD HICKS, ROBERT J  
 STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER  
 CITY-ST-ZIP INDIANAPOLIS IN 46204

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME AVAS HERBST, SCOTT E  
 STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER  
 CITY-ST-ZIP INDIANAPOLIS IN 46204

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME AS MILBURN, MELISSA M  
 STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER  
 CITY-ST-ZIP INDIANAPOLIS IN 46204

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VCFO BELAND, MICHEL  
 STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER  
 CITY-ST-ZIP INDIANAPOLIS IN 46204

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**Scott E. Harbert**  
 Asst. Vice President,  
 Asst. Secretary

SIGNATURE:

*[Signature]* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

EDCO ISI

240310-90082-37  
#F97000003348

**EDCO INSURANCE SERVICES, INC.**

**LIST OF OFFICERS AND DIRECTORS**

2 Gatehall Drive  
Parsippany, NJ 07054  
EIN: 35-2003494

Name	Title(s)	SSN	Home Address	Business Address
George Wilson	General Manager, Treasurer, Director	Canadian National SIN# 492-13-0506		3608 Northeast 62nd Terrance King City, MO 64119
W. Scott Boyes	Vice President, Director	Canadian National SIN# 445-738-561	114 Abbeywood Trail North York, Ontario Canada M3B 3B5	181 Bay Street, Suite 3500 Toronto, Ontario Canada M5J 2T3
Robert J. Hicks	Vice President, Secretary, & Director	187-38-7963	25 Melrose Lane Mountian Lakes, NJ 07046	Newcourt 2 Gatehall Drive, Parsippany, NJ 07054
Michel Beland	Vice President, Chief Financial Officer	303-19-1446	10813 Turne Grove Fishers, IN 46038-9006	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Scott E. Herbst	Asst. Vice President, Asst. Secretary	312-86-0867	10976 East Mallard Way Indianapolis, IN 46278	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122
Gregory J. Seketa	Asst. Vice President & Asst. Secretary	309-78-1496	3625 East County Road 750 South Clayton, IN 46118	Bank One Tower #2700 111 Monument Circle Indianapolis, IN 46204-5122