

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90213 023 ***550.00

DOCUMENT # F97000003348

1. Entity Name
EDCO INSURANCE SERVICES, INC.



Principal Place of Business
650 CIT Drive
Livingston NJ 07039

Mailing Address
Livingston NJ 07039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	35-2003494	Applied For
		Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEMS 1200 SO PINE ISLAND RD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, GEORGE	NAME	
STREET ADDRESS	181 BAY ST STE 3500	STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO CANADA	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYES, W S	NAME	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, ROBERT J	NAME	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	
TITLE	AVAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERBST, SCOTT E	NAME	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBURN, MELISSA M	NAME	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELAND, MICHEL	NAME	
STREET ADDRESS	111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER	STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	CITY-ST-ZIP	

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

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034 (5/00)

Attachment
DHEg700W3348
DW80106

EDCO Insurance Services, Inc.

DIRECTORS
Alan Parkinson
George Wilson
Bradley D. Nullmeyer
Jeff Flora
Bill Rutledge
Gary Manke
Demar Riesterer

650 CIT Dr., Livingston, NJ 07038

OFFICERS
President Bradley D. Nullmeyer
Executive Vice President and Chief Financial Officer Borden D. Rosiak
Executive Vice President - Taxation John G. Jakolev
General Manager George Wilson
Vice President Alan Parkinson
Assistant Vice President and Assistant Secretary Scott E. Herbst
Assistant Secretary Melissa M. Staton
Assistant Secretary John C. Chobot
Assistant Treasurer Mark Brower
Director, Federal Taxes William Rodgers
Director, State Income Taxes Louis DeVico

