

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

0440951

**DOCUMENT # F97000003348**

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

05-30-2001 90025 006 \*\*\*550.00

**A0071645**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 650 CIT DR LIVINGSTON NJ 07039		Mailing Address 650 CIT DR LIVINGSTON NJ 07039	
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 <b>35-2003494</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEMS**  
**1200 SO PINE ISLAND RD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT) 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) <input type="checkbox"/>	<b>FILE NOW !! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>WILSON, GEORGE</b> <b>181 BAY ST STE 3500</b> <b>TORONTO ONTARIO CANADA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BOYES, W S</b> <b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b> <b>INDIANAPOLIS IN 46204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>HICKS, ROBERT J</b> <b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b> <b>INDIANAPOLIS IN 46204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVAS</b> <b>HERBST, SCOTT E</b> <b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b> <b>INDIANAPOLIS IN 46204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MILBURN, MELISSA M</b> <b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b> <b>INDIANAPOLIS IN 46204</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO</b> <b>BELAND, MICHEL</b> <b>111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER</b> <b>INDIANAPOLIS IN 46204</b>	<input checked="" type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Bradley Nullmeyer</b> <b>650 CIT Drive</b> <b>Livingston NJ 07039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Karen Almond</b> <b>650 CIT Drive</b> <b>Livingston NJ 07039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert Ingato</b> <b>650 CIT Drive</b> <b>Livingston NJ 07039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Steven Salisbury</b> <b>650 CIT Drive</b> <b>Livingston NJ 07039</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 empower.

SIGNATURE: **Robert Ingato** Date **9/3-740-5000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)