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

**PROFIT** CORPORATION ANNUAL REPORT

STREET ADDRESS

SIGNATURE:

320 - 18TH ST

Lam an officer or director of the corp appears in Block 12 or Block 13 if of



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 28 1997 8:00am

Secretary of State

2-19.97-/3097865401

(96/6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 805733** 

## BITUMINOUS FIRE AND MARINE INSURANCE COMPANY

Mailing Address Principal Place of Business C/O ROBERT RAINEY C/O ROBERT RAINEY 320 18TH ST 320 18TH ST ROCK ISLAND IL 61201 ROCK ISLAND IL 61201-8716 3. Date incorporated or Qualified 3a. Date of Last Report 02/28/1944 02/05/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 36-6054328 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees Trust Fund Contribution 23 28 Country Country This corporation has fiability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NORTON INSURANCE OF FLORIDA 2 EGLIN PARKWAY NORTH EAST 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 33** 83 FORT WALTON BEACH FL 32549 64 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgr at inc. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE LARDNER, PETER 1.2 NAME HAME 320-18TH STREET 1.3 STREET ADDRESS STREET ADDRESS ROCK ISLAND, IL 00000 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Addition THE 2.1 TITLE SUNDQUIST, JAMES W 2.2 NAME NAME 320-18TH STREET 2.3 STREET ADDRESS STREET ADDRESS ROCK ISLAND, IL 00000 2. 4 CITY-ST-2IP CITY-\$1-ZIP DELETE Addition TITLE 3.1 TITLE ATOR, ROBERT G 3.2 NAME NAME 320-18TH STREET 3.3 STREET ADDRESS SUBJECT ADDRESS ROCK ISLAND, IL 00000 ISLANDI 3.4. CITY-ST-ZIP City - St - 7IP **Addition** □ DELETE 4.1 TITLE THILE RAINEY, ROBERT 4. 2 NAME NAME 320 18TH STREET STREET ADDRESS 4.3 STREET ADDRESS ROCK ISLAND IL 4.4 CITY-ST-ZIP City-St-76 DELETE Addition 5.1 TITLE TITLE NAME SANTRY, JAMES 5.2 NAME 320-18TH STREET 5.3 STREET ADDRESS STREET ADDRESS CITY-SI ROCK ISLAND, IL 00000 5.4 CITY-ST-ZIP **DELETE** THEF 6.1 TITLE NAME SNODGRASS, WILLIAM A 6.2 NAME

6.3 STREET ADORESS

14. I do 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if case and on on an attach consistency.

WHEN THE DESIGNING OFFICE OF DIRECTOR