

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90002 048 \*\*\*150.00

**DOCUMENT # 818606**

1. Entity Name  
**VEREX ASSURANCE, INC.**

Principal Place of Business -- WEST WILSON STREET WI 53703	Mailing Address 6601 SIX FORKS RD RALEIGH NC 27615-6520 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>39-0986894</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 SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ (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

11. OFFICERS AND DIRECTORS	
TITLE: <b>VD</b> NAME: <b>MILLER, GERHARD A</b> STREET ADDRESS: <b>6601 SIX FORKS ROAD</b> CITY-ST-ZIP: <b>RALEIGH NC 27615</b>	<input type="checkbox"/> Delete
TITLE: <b>VD</b> NAME: <b>WEILAND, THEODORE</b> STREET ADDRESS: <b>6601 SIX FORKS RD</b> CITY-ST-ZIP: <b>RALEIGH NC 27615</b>	<input type="checkbox"/> Delete
TITLE: <b>VS</b> NAME: <b>TAGGART, JOHN C</b> STREET ADDRESS: <b>6601 SIX FORKS RD</b> CITY-ST-ZIP: <b>RALEIGH NC 27615</b>	<input type="checkbox"/> Delete
TITLE: <b>VT</b> NAME: <b>MARSICO, SAMUEL D</b> STREET ADDRESS: <b>6601 SIX FORKS RD</b> CITY-ST-ZIP: <b>RALEIGH NC 27615</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>V</b> NAME: <b>GREEN, JEANNIE B</b> STREET ADDRESS: <b>6601 SIX FORKS RD</b> CITY-ST-ZIP: <b>RALEIGH NC</b>	<input type="checkbox"/> Delete
TITLE: <b>PD</b> NAME: <b>MANN, THOMAS H.</b> STREET ADDRESS: <b>6601 SIX FORKS ROAD</b> CITY-ST-ZIP: <b>RALEIGH NC</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VTD</b> NAME: <b>Weiland, Theodore</b> STREET ADDRESS: <b>6601 Six Forks Rd, Raleigh, NC</b> CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input 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
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 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: Jeannie B. Green **Jeannie B. Green** 4-14-00 919 846 4187  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)