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FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842298

1. Corporation Name

FRANK GATES USA

Principal Place of Business

400 GALLERIA OFFICENTRE, SUITE 500
P.O. BOX 5007
SOUTHFIELD MI 48066-5007

Mailing Address

400 GALLERIA OFFICENTRE
SUITE 500, PO BOX 500
SOUTHFIELD MI 48034
US

2. Principal Place of Business

21 5606 N. MacArthur Blvd.

22 Suite, Apt. #, etc.
Suite 870

23 City & State
Irving, TX

24 Zip
75038

25 Country
USA

2a. Mailing Address

26 5605 N. MacArthur Blvd.

27 Suite, Apt. #, etc.
Suite 870

28 City & State
Irving, TX

29 Zip
75038

30 Country
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1978

4. FEI Number

94-2487580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE ☒ DELETE

NAME P
WILKINS, H THOMAS III
STREET ADDRESS 5605 N MACARTHUR BLVD SUITE 870
CITY-ST-ZIP IRVING TX

TITLE ☒ DELETE

NAME V
OTTMAN, ROBERT M
STREET ADDRESS 5650 MACARTHUR BLVD SUITE 870
CITY-ST-ZIP IRVING TX

TITLE ☒ DELETE

NAME Y
LANKENKAMP, JIM
STREET ADDRESS 5656 SOUTH STAPLES SUITE 330
CITY-ST-ZIP CORPUS CHIRSTI TX

TITLE ☒ DELETE

NAME D
STUPM, DANA
STREET ADDRESS 5656 S STAPLES SUITE 330
CITY-ST-ZIP CORPUS CHRISTI TX

TITLE ☒ DELETE

NAME S
WILHITE, NANCY K
STREET ADDRESS ACORDIA, INC., 120 MONUMENT CIRCLE
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☒ DELETE

NAME Y
VANNEMAN, THOMAS E
STREET ADDRESS ACORDIA, INC., 120 MONUMENT CIRCLE
CITY-ST-ZIP INDIANAPOLIA IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME President
1.3 STREET ADDRESS Niles C. Overly
1.4 CITY-ST-ZIP 5000 Bradenton Avenue
Dublin, OH 43017

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP, Finance & Treasurer
2.3 STREET ADDRESS Gregory P. Smith
2.4 CITY-ST-ZIP 5000 Bradenton Avenue
Dublin, OH 43017

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Executive VP
3.3 STREET ADDRESS R. James Kelly
3.4 CITY-ST-ZIP 5000 Bradenton Avenue
Dublin, OH 43017

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***150.00

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)