

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90076 001 ***150.00

DOCUMENT # F94000005405

1. Entity Name

AMERICAN CONTRACTORS INDEMNITY COMPANY

Principal Place of Business

**9841 AIRPORT BLVD
 9TH FLOOR
 LOS ANGELES CA 90045
 US**

Mailing Address

**9841 AIRPORT BLVD
 9TH FLOOR
 LOS ANGELES CA 90045
 US**

2. Principal Place of Business

9841 AIRPORT BLVD.

Suite, Apt. #, etc.

9th FLOOR

City & State

LOS ANGELES, CA

Zip

Country

90045

USA

3. Mailing Address

9841 AIRPORT BLVD.

Suite, Apt. #, etc.

9th FLOOR

City & State

LOS ANGELES, CA

Zip

Country

90045

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

95-4290651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAUST, ILONA M
 2205 THOMASVILLE ROAD
 TALLAHASSEE FL 32312**

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.

(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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
 NAME **BAUMGARTEN, SKIPPER G**
 STREET ADDRESS **1232 SAN VECENTE BLVD**
 CITY-ST-ZIP **SANTA MONICA CA**

TITLE **C** ☒ Change ☐ Addition
 NAME **BAUMGARTEN, SKIPPER**
 STREET ADDRESS **11459 AYRSHIRE BLVD.**
 CITY-ST-ZIP **LOS ANGELES, CA 90049**

TITLE **D** ☐ Delete
 NAME **LEVINE, WILLIAM**
 STREET ADDRESS **211 SPAULDING DR., #604**
 CITY-ST-ZIP **BEVERLY HILLS CA 90212**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PEARL, ERWIN B**
 STREET ADDRESS **2502 CAMINO REAL**
 CITY-ST-ZIP **PALM SPRINGS CA 92262**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BERGER, RON**
 STREET ADDRESS **7700 N.E. AMBASSADOR**
 CITY-ST-ZIP **PORTLAND OR 97220**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **FAUST, ANDY T**
 STREET ADDRESS **2205 THOMASVILLE RD**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **FERGUSON, JAMES N**
 STREET ADDRESS **9841 AIRPORT BLVD**
 CITY-ST-ZIP **LOS ANGELES CA 90045**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 like empowered.

SIGNATURE:

JAMES H. FERGUSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Ferguson

Date

Daytime Phone #

1/10/01 (310) 649-0770

CR2E034 (10/00)