

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 002 ****61.25

DOCUMENT # F96000001205

1. Entity Name

USA GROUP GUARANTEE SERVICES, INC.

Principal Place of Business

Mailing Address

**30 SOUTH MERIDIAN ST.
 INDIANAPOLIS IN 46204-3503
 US**

**30 SOUTH MERIDIAN ST.
 INDIANAPOLIS IN 46204-3503
 US**

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

35-1853518

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **XPOCX** Delete
 NAME: **LINTZENICH, JAMES C**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPOLIS IN**

TITLE: **Chairman and Chief Executive Officer** Change Addition
 NAME: **James C. Lintzenich, Director**
 STREET ADDRESS: **30 South Meridian Street**
 CITY-ST-ZIP: **Indianapolis, IN 46204-3503**

TITLE: **EVPC** Delete
 NAME: **DALSTROM, CARL C**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPLOIS IN**

TITLE: **Executive Vice President** Change Addition
 NAME: **Carl C. Dalstrom**
 STREET ADDRESS: **30 South Meridian St.**
 CITY-ST-ZIP: **Indianapolis, IN 46204-3503**

TITLE: **AS** Delete
 NAME: **BROWN, STEVEN M**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPOLIS IN**

TITLE: **President and Chief Operating Officer** Change Addition
 NAME: **Andrew J. Lynch, Director**
 STREET ADDRESS: **30 South Meridian Street**
 CITY-ST-ZIP: **Indianapolis, IN 46204-3503**

TITLE: **PCED** Delete
 NAME: **GRENNES, ROBERT J., JR**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPOLIS IN**

TITLE: **SVP/D** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **VGSD** Delete
 NAME: **SCHMIDT, EDWARD R**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPOLIS IN**

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

TITLE: **SVPT** Delete
 NAME: **MAAS, J. DAVID**
 STREET ADDRESS: **30 SOUTH MERIDIAN ST**
 CITY-ST-ZIP: **INDIANAPOLIS IN**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE RECORDED

1-17-00

317-951-5523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)