

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2001 90051 006 ***150.00

0570911

DOCUMENT # F97000001922

1. Entity Name

ASCENSUS INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

560 E. 2ND S., #340
 SALT LAKE CITY UT 84102

560 E. 2ND S., #340
 SALT LAKE CITY UT 84102

2. Principal Place of Business

3. Mailing Address

280 S. 400 W.

PO Box 2429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

City & State

SALT LAKE CITY, UTAH

SALT LAKE CITY, UTAH

Zip
 84101-1101

Country
 USA

Zip
 84110-2429

Country
 USA

4. FEI Number **31-1315874**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, JUNE
 2016 S. ORANGE AVE.
 ORLANDO FL 32806

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 NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, LEONARD L 560 E. 2ND S., #340 SALT LAKE CITY UT 84102	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTENSEN, WARREN J 560 E. 2ND S., #340 SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIERNEY, MARIANNE 560 E. 2ND S., #340 SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REYNOLDS, TREY L 560 E. 2ND S., #340 SALT LAKE CITY UT 84102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGORY, SUSAN CNA PLAZA, 34TH FLOOR CHICAGO IL 60685	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROWSMITH, JAMES 2262 GAMBEL OAK DR. SANDY UT 84092	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, LEONARD L. 280 S. 400 W. #100 SALT LAKE CITY UT 84101	<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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD L. REYNOLDS 1/18/00

Date

801 532-6660

Daytime Phone #

CR2E034 (10/00)

attachment
D# F97000001922
600649

Ascensus Insurance Services, Inc.

Corporate Officers & Directors

Title	Name	Business Address
C/D	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
P	Leonard L. Reynolds	280 S. 400 W. Suite 100, SLC, UT 84101
V	John A. Stracka	2901 W. Beltline Hwy Suite 301, Madison, WI 53713
S	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
V	Mark J. Rybarczyk	11 Greenway Plaza, Houston, TX 77046
V/T/D	Dennis Sheehan	150 Clove Rd., Little Falls, NJ 07424
S	Edward Forman	150 Clove Rd., Little Falls, NJ 07424
V	John P. Gilliam	3435 Stelzer Rd., Suite 1000, Columbus, OH 43219