

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90102 004 ***150.00

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1. Entity Name
SIGNATURE'S NATIONWIDE AUTO CLUB, INC.



Principal Place of Business
**200 N. MARTINGALE RD.
SCHAUMBURG, IL 60173-2096**

Mailing Address
**200 N. MARTINGALE RD.
SCHAUMBURG, IL 60173-2096**



04152004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4295727

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPSD
EUWEMA, JOHN B
200 N. MARTINGALE RD.
SCHAUMBURG, IL 601732096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
WOHLEVER, JAMES
200 N. MARTINGALE RD.
SCHAUMBURG, IL 601732096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SRVP
MACFARLANE, GREGORY
200 N. MARTINGALE RD.
SCHAUMBURG, IL 601732096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PRIZZIA, GARY T
6620 WEST BROOD STREET 4TH FLOOR
RICHMOND, VA 23230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

John B. Euwema

JOHN B. EUWEMA SECRETARY 4-15-04 (847) 605-7093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #