

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90064 044 ***150.00

DOCUMENT # P34689

1. Entity Name
AMERICAN AUTO CLUB ASSOCIATION, INC. (see Amendment)
American Accident Company Association, Inc.

Principal Place of Business 941 O STREET SUITE B-2 LINCOLN NE 68508 US	Mailing Address 941 O STREET SUITE B-2 LINCOLN NE 68508 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 47-0698618	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**HELMS, EDWARD ARNOLD
 RT 1 BOX 1462
 PONCE DE LEON FL 32455**

7. Name and Address of New Registered Agent
 Name
Carl Hutchins
 Street Address (P.O. Box Number is Not Acceptable)
240 S.W. 8th Street, Suite D
 City **Ocala** FL Zip Code **34474**

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 DATE **4.20.01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE P	<input type="checkbox"/> Delete
NAME MUSIEL, DAVID	
STREET ADDRESS 19101 S 96TH	
CITY-ST-ZIP HICKMAN NE	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME LEONARD, REGINALD	
STREET ADDRESS 7629 MEREDITH AVE	
CITY-ST-ZIP OMAHA NE	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MUSIEL, BEVERLY	
STREET ADDRESS 4548 EAGLE RIDGE RD	
CITY-ST-ZIP LINCOLN NE 68516	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME ZESSIN, ANGELA D	
STREET ADDRESS 3024 DUDLEY STREET	
CITY-ST-ZIP LINCOLN NE 68503	
TITLE V	<input type="checkbox"/> Delete
NAME MUSIEL, BEVERLY	
STREET ADDRESS 4548 EAGLE RIDGE RD	
CITY-ST-ZIP LINCOLN NE 68516	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dave Musiel	
STREET ADDRESS 4548 Eagle Ridge Road	
CITY-ST-ZIP Lincoln, NE 68516	
TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Heather Schmehl	
STREET ADDRESS 5020 Spruce Street	
CITY-ST-ZIP Lincoln, NE 68516	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **4.20.01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)