

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90090 039 \*\*\*550.00

**DOCUMENT # P98000076476**

1. Entity Name  
**WESTCHESTER SPECIALTY SERVICES, INC.**

Principal Place of Business  
**204 S. MONROE ST.  
 TALLAHASSEE FL 32301**

Mailing Address  
**204 S. MONROE ST.  
 TALLAHASSEE FL 32301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **58-2430509**

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

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>GAFFNEY, ROBERT J</b> <b>SIX CONCOURSE PKWY STE 2500</b> <b>ATLANTA GA 30328</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GARRIGAN, WILLIAM P</b> <b>SIX CONCOURSE PKWY STE 2500</b> <b>ATLANTA GA 30328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCS</b> <b>MORRISON, KATHLEEN K</b> <b>SIX CONCOURSE PKWY STE 2500</b> <b>ATLANTA GA 30328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VIVORI, MARC D</b> <b>4550 RIVER GREEN PKWY SUITE 220</b> <b>DULUTH GA 30096</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FETHERSTON, SHAUN M</b> <b>4500 RIVER GREEN PKWY SUITE 220</b> <b>DULUTH GA 30096</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>IMPERIALE, BRIAN W</b> <b>4500 RIVER GREEN PKWY SUITE 220</b> <b>DULUTH GA 30096</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Schwamberger, Kurt (D)</b> <b>1601 Chestnut Street</b> <b>Two Liberty Place</b> <b>Philadelphia, PA 19103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500 Colonial Center Pkwy, Ste 200</b> <b>Roswell, GA 30076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500 Colonial Center Pkwy, Ste 200</b> <b>Roswell, GA 30076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Hernan, Kirsten</b> <b>1601 Chestnut Street, 2 Liberty Place</b> <b>Philadelphia, PA 19103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Yates, Michael</b> <b>4550 River Green Pkwy, Ste 220</b> <b>Duluth, GA 30096</b>	<input type="checkbox"/> Change <input checked="" 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

8/26/02 (770)232-3436

CR2E034 (4/02)



ace usa

*Attachment*  
*#P98000076476* *BD135001*

4550 River Green Parkway  
Suite 220  
Duluth, GA 30096

770 232-3424 direct  
770 232-3402 fax

[denise.king@ace-ina.com](mailto:denise.king@ace-ina.com)

Denise King  
Asst. Vice President - Compliance  
Warranty Division

August 23, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Westchester Specialty Services, Inc.**  
**2002 Uniform Business Report Filing**

Dear Sir or Madam:

Enclosed for filing is Westchester Specialty Services, Inc.'s Uniform Business Report (Document #P9800076476) along with a check in the amount of \$550.00 in payment of the required filing fees.

If you have any questions you may contact me at the number listed above.

Sincerely,

*Denise King*  
Denise King

Enclosure