

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000002044**1. Entity Name
AMERICAN FINANCIAL SYSTEMS, INC.

Principal Place of Business 9 RIVERSIDE OFFICE PARK WESTON MA 02193	Mailing Address 9 RIVERSIDE OFFICE PARK WESTON MA 02193
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2. Principal Place of Business 9 RIVERSIDE OFFICE PARK	3. Mailing Address 9 RIVERSIDE OFFICE PARK
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WESTON MA	City & State WESTON MA
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Zip 02493	Country	Zip 02493	Country
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4. FEI Number 04-2842018	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	V	STERN HOWARD D	9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
	COO	KEMP HILARY R	9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
	CFO	DEAN BRETT W	9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
	VP	MACDONALD NANCY	9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete
	DCPT	JOHNSON DANIEL R	9 RIVERSIDE OFFICE PARK WESTON MA 02193	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SPURLOCK LISA	9 RIVERSIDE OFFICE PARK WESTON MA 02493			
	SVP	MEHTA ALOK	9 RIVERSIDE OFFICE PARK WESTON MA 02493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	VP	BORDA MARIA C	9 RIVERSIDE OFFICE PARK WESTON MA 02493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	SVP	HUTCHESON II JOSEPH C	9 RIVERSIDE OFFICE PARK WESTON MA 02493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	VP	MACDONALD NANCY	9 RIVERSIDE OFFICE PARK WESTON MA 02493	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	DCPT	JOHNSON DANIEL R	9 RIVERSIDE OFFICE PARK WESTON MA 02493	<input checked="" 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: JOSEPH C HUTCHESON IISVP **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)