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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **300863** **(8)**

1. Corporation Name
RICHMOND FINANCIAL, INC.

Principal Place of Business	Mailing Address
1005 W. BUSCH BLVD. SUITE #209 TAMPA FL 33612	1509 N. MILWAUKEE AVE. LIBERTYVILLE IL 60048

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1966**
3a. Date of Last Report: **03/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **36-2587341** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25 Zip — 29 Country — 30
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAFFOLD, RANDY
1005 E. BUSH BLVD. #209
TAMPA FL 33812

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	WONDERLIC, CHARLES F	12 NAME	
STREET ADDRESS	1224 GLEN OAK	13 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	CLONTS, RONALD B	22 NAME	400001486511
STREET ADDRESS	2014 BURR OAK DR	23 STREET ADDRESS	-04/26/95--01012--016
CITY-ST-ZIP	GLENVIEW IL	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CLONTS, SALLY ANNE	32 NAME	
STREET ADDRESS	2014 BURR OAK RD	33 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	TORRES, MELIDA	42 NAME	
STREET ADDRESS	1509 N. MILWAUKEE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	LIBERTYVILLE IL 60048	44 CITY-ST-ZIP	Correction
TITLE	V	51 TITLE	V ☑ Change ☐ Addition
NAME	KRITZ, GARY	52 NAME	Dunham, Gary R.
STREET ADDRESS	10910 MAIN ST.	53 STREET ADDRESS	10910 main street
CITY-ST-ZIP	RICHMOND IL 60071	54 CITY-ST-ZIP	Richmond, IL 60071
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

SIGN HERE

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mueller Dorn VP Assistant Secretary 4/14/95 (708) 2472475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0467950 FP