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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **444966** (6)
1. Corporation Name
GUARANTEE ABSTRACT AND TITLE INSURANCE COMPANY



Principal Place of Business Mailing Address
171 N CLARK ST **171 N CLARK ST**
ML 06CT **ML 06CT**
CHICAGO IL 60601-3294 **CHICAGO IL 60601-3203**

3. Date Incorporated or Qualified **01/28/1974** 3a. Date of Last Report **02/13/1996**
4. FEI Number **95-3642540** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

THORNTON, JOHN S JR
4300 DUHME ROAD
SUITE 3D
MADEIRA BEACH FL 33738

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:

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, THOMAS J.	
STREET ADDRESS	171 N. CLARK STREET	
CITY- ST- ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRARO, KENNETH C.	
STREET ADDRESS	171 N. CLARK STREET	
CITY- ST- ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISK, A. LARRY	
STREET ADDRESS	171 N. CLARK ST.	
CITY- ST- ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GREENE, WILLIAM L.	
STREET ADDRESS	171 N. CLARK STREET	
CITY- ST- ZIP	CHICAGO IL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCGARTHY, JOHN	
STREET ADDRESS	171 N. CLARK STREET	
CITY- ST- ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 annual report or supplemental annual 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:

Gregory P. Hamler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory P. Hamler

1/28/97

(312) 223-2440

Date Daytime Phone #

CR2E034 (9/96)

Guarantee Abstract and Title Insurance Company

c/o Chicago Title and Trust Company
171 N. Clark Street, ML 06CT
Chicago, IL 60601-3294

Officers

President	Gust J. Tollis	171 N. Clark Street, Chicago, IL 60601
Vice President	Thomas J. Adams	171 N. Clark Street, Chicago, IL 60601
Vice President	William L. Greene	171 N. Clark Street, Chicago, IL 60601
Treasurer	A. Larry Sisk	171 N. Clark Street, Chicago, IL 60601
Secretary	Kenneth C. Ferraro	171 N. Clark Street, Chicago, IL 60601
Asst. Secretary	Eileen W. Van Roeyen	171 N. Clark Street, Chicago, IL 60601
Asst. Secretary	Gregory P. Hamler	171 N. Clark Street, Chicago, IL 60601

Directors

Gust J. Tollis	171 N. Clark Street, Chicago, IL 60601
Thomas J. Adams	171 N. Clark Street, Chicago, IL 60601
A. Larry Sisk	171 N. Clark Street, Chicago, IL 60601
Kenneth C. Ferraro	171 N. Clark Street, Chicago, IL 60601