

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543208 (3)

1. Corporation Name

RYAN WARRANTY SERVICES OF FLORIDA, INC.

Principal Place of Business

123 N. WACKER DR.
26 FLOOR
CHICAGO IL 60606
US

Mailing Address

123 N. WACKER DR.
8751 W. BROWARD BLVD.
CHICAGO IL 60606
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/17/1977

3a. Date of Last Report

05/01/1994

4. FEI Number

36-2929626

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.

Principal Place of Bus./Mailing Address

22 City & State

123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606

23 Zip

County: COOK

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SULLIVAN, THOMAS F
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	MEDVIN, HARVEY N.
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	LORENZ, HUGO A.
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	RYAN, PATRICK G.
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	P
NAME	COLE, DAVID L
STREET ADDRESS	123 N. WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	AVP
NAME	GROB, ROBERT
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP VP	☐ Change ☒ Addition
12 NAME	Jerome S. Hanner	
13 STREET ADDRESS	123 N. Wacker Drive	
14 CITY - ST - ZIP	Chicago IL 60606	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	D	☒ Change ☒ Addition
42 NAME	Gregg J. Davis	
43 STREET ADDRESS	123 N. Wacker Drive	
44 CITY - ST - ZIP	Chicago IL 60606	
51 TITLE	CPD	☒ Change ☐ Addition
52 NAME	Cole, David L	
53 STREET ADDRESS	123 N. Wacker Drive	
54 CITY - ST - ZIP	Chicago IL 60606	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, as required, or on an attachment with an address.

SIGNATURE:

Robert Grob ROBERT GROB

4/26/95

3/2-701-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR