2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # 543208 1. Entity Name 05-01-2002 91588 029 ***150.00 AUTOMOTIVE WARRANTY SERVICES OF FLORIDA, INC. Principal Place of Business Mailing Address 123 NORTH WACKER DRIVE P.O. BOX 8264 BJ083200 26TH FLOOR CHICAGO IL 60680 CHICAGO IL 60606 US 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 36-2929626 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME AIGOTTI, DIANE NAME STREET ADDRESS 123 N-WACKER DRIVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60680 ALL OFFICERS & DIRECTORS ARE CITY-ST-ZIP LOCATED AT: TITLE ☐ Delete VΡ TITLE ☐ Addition 200 E. RANDOLPH ST., 4TH FLOOR NAME NAME Baer, Jerome I CHICAGO, IL 60601 STREET ADDRESS STREET ADDRESS 129 N-Wacker Dr CITY-ST-ZIP CITY-ST-7IE CHICAGO IL 60606 □ Delete TITLE Change ☐ Addition NAME NAME DAVIS, GREGG J STREET ADDRESS **123-NORTH WACKER DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL TITLE **VP** ☐ Delete TITLE Change ☐ Addition NAME GALLA, LEONARD V NAME STREET ADDRESS T23 N-WACKER DR STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60608 CITY-ST-ZIP TITLE ☐ Delete TITLE Secretary Ronald D. Mar Kovits Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Assistant Secretory Arlene Jeschke ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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