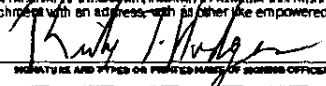


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90141 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #657101			
1. Entity Name SUMMIT LOSS CONTROL SERVICES, INC.			
Principal Place of Business 2310 A-Z PARK ROAD P.O. DRAWER 988 LAKELAND, FL 33802		Mailing Address 2310 A-Z PARK ROAD P.O. DRAWER 988 LAKELAND, FL 33802	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent HODGES, RICKY T 2310 A-Z PARK RD. LAKELAND, FL 33801		4. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and if applicable, FIVE Registered Agents must provide registered office information DATE _____			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HODGES, RICKY T 2310 A-Z PARK ROAD LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Deborah A. Giss 175 Berkeley Road Boston, MA 02117 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNETT, ALLEN C. 2310 A-Z PARK ROAD LAKELAND, FL 00000, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Thomas G. Moylan 175 Berkeley Road Boston, MA 02117 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, THOMAS L. JR. 2310 A-Z PARK ROAD LAKELAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gary J. Ostrow 175 Berkeley Road Boston, MA 02117 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSELMAN, JOHN D 2310 A-Z PARK ROAD LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(1), 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 registered trust; and that I am duly qualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, each as other the empowered.			
SIGNATURE: 		Ricky T. Hodges 4/28/03 863-665-6060	

CH2034 (10/22)