
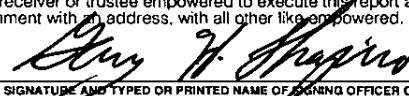


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90006 043 \*\*\*150.00

<b>DOCUMENT # 805416</b> 1. Entity Name <b>EULER AMERICAN CREDIT INDEMNITY COMPANY</b>					
Principal Place of Business <b>100 EAST PRATT STREET FIFTH STREET BALTIMORE, MD 21202-1008 US</b>			Mailing Address <b>100 EAST PRATT STREET 5TH FLOOR BALTIMORE, MD 21202-1008 US</b>		
2. Principal Place of Business <b>800 Red Brook Blvd.</b>		3. Mailing Address <b>800 Red Brook Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Owings Mills, MD</b>		City & State <b>Owings Mills, MD</b>		4. FEI Number <b>52-0222226</b>	
Zip <b>21117</b>		Country <b>Baltimore</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V EMERSON, II BM 100 EAST PRATT STREET - 5TH FLOOR BALTIMORE, MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Red Brook Blvd. Owings Mills, MD 21117</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD SHAPIRO, G H 100 EAST PRATT STREET - 5TH FLOOR BALTIMORE, MD</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Red Brook Blvd. Owings Mills, MD 21117</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD OVEREEM, PAUL C 100 EAST PRATT STREET - 5TH FLOOR BALTIMORE, MD 212021008</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>800 Red Brook Blvd. Owings Mills, MD 21117</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <b>GARY H. SHAPIRO</b> <b>7/9/04</b> <b>(410) 753-0669</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					