SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **817804** **(8)**

1. Corporation Name
PREMIUM SERVICE CORPORATION OF COLUMBIA

Principal Place of Business
1501 LADY STREET
COLUMBIA SC 29201
US

Mailing Address
POST OFFICE BOX 1
COLUMBIA SC 29202
US

3. Date Incorporated or Qualified: **03/24/1964**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **57-6019911** 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

9. **Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when resigning) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BROOKS, ROBERT D.	
STREET ADDRESS	1501 LADY STREET	
CITY-ST-ZIP	COLUMBIA, SC.	
TITLE	DV	☐ DELETE
NAME	SHEALY, WILLIAM W.	
STREET ADDRESS	1501 LADY STREET	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	D	☐ DELETE
NAME	KLOPP, F. MICHAEL	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA, SC 00000	
TITLE	S	☐ DELETE
NAME	BROOKS, PRISCILLA C.	
STREET ADDRESS	1501 LADY STREET	
CITY-ST-ZIP	COLUMBIA SC	
TITLE	AT	☐ DELETE
NAME	GARDNER, MARY M.	
STREET ADDRESS	1501 LADY ST	
CITY-ST-ZIP	COLUMBIA SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ERNST N. CSISZAR	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DV	☑ Change ☐ Addition
3.2 NAME	JOHN A. WEITZEL	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VT	☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DV	☐ Change ☑ Addition
6.2 NAME	MICHAEL A. CULBERTSON	
6.3 STREET ADDRESS	1501 LADY ST.	
6.4 CITY-ST-ZIP	COLUMBIA, SC 29201	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ MARY M. GARDNER VICE PRES/TREASURER 6/13/96 8037482000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

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