| 2002 UNIFORM BUSINESS REPORT (UBR)<br>DOCUMENT # 820853                                     |  |  |   |   | FILED<br>Feb 05, 2002 8:00 am<br>Secretary of State  |  |  |  |
|---|--|--|---|---|--|--|--|--|
|   |  |  |   |   |  |  |  |  |
| Principal Plac  | ce of Business   | Mailing Address  |   |   |  |  |  |  |
| 401: N. TYRON' ST<br>STE 800浅。<br>CHARLOTTE: NC: 28202:                                     |  | 1150 SOUTH OLIVE STREET<br>B-509<br>LOS ANGELES CA 90015-2211  |   |   |  | BIT <b>ATOTI ATOTI A</b> SOLI                                | NANS AND SON -                             |  |
| US-   | Place of Pupingeo  | US   |   |   |  |  |  |  |
| 2. Principal Place of Business 3. Mailing Address   Suite, Apt. #, etc. Suite, Apt. #, etc. |  |  |   |   | DO NOT WRITE IN TH   |  |  |  |
| City & State City & State   |  |  |   |   | 4. FEI Number Applied For  |  |  |  |
| City & State  |  |  |   |   | 95-6140222 Not Applicable  |  |  |  |
| Zip   | Country  | Zip  | Country   | 5.  | Certificate of Status Desired  | \$8.75 Ad<br>Fee Require                                     |  |  |
|   | 6Name and Address of Current R   | egistered Agent  | Name  | 7,  | Name and Address of New Register   | ed Agent   |  |  |
| INSURANI<br>CAPITOL   | CE COMMISSIONER<br>BLDG.   |  | Street Address (P.O. Box Number is Not Acceptable)                          |   |  |  |  |  |
| TALLAHAS  | SSEE FL 33145  |  |   |   |  |  |  |  |
|   |  |  | City  |   | F  | Zip Cod  | e  |  |
| Tax filing i  | Signature, typed or printed name of registered agent ar<br>oration is eligible to satisfy its Intangible<br>requirement and elects to do so. | FILE NOW<br>After May 1, 2   | TE: Registered Agent signatu<br>///// FEE IS \$150.0<br>002 Fee will be \$5 | 0<br>50.00  | 10. Election Campaign Financing<br>Trust Fund Contribution.  | \$5.0  | 0 May Be<br>to Fees                        |  |
| ·   | ria on back)   |  | ble to Department   |   |  |  |  |  |
| 11.<br>TITLE<br>NAME<br>STREET ADDRESS  | OFFICERS AND D<br>V<br>BAIR, NICKI<br>1150 SO OLIVE ST   | Delete   | 12.<br>TITLE<br>NAME<br>STREET ADDRESS                                      | VP ar<br>Carte  | DDITIONS/CHANGES TO OFFICERS A<br>nd Counsel<br>er, John<br>Carillon Parkway   |  | Addition                                   |  |
| CITY-ST=ZIP   | LOA ANGLES CA 90015  |  | CITY-ST-ZIP   |   | etersburg, FL 33710  |  | Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DEDERER, JAMES W<br>1150 SO OLIVE ST<br>LOS ANGELES CA   | Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   |  | Change   | Addition C                                 |  |
| TITLE   | DV<br>VERMIE, CRAIG<br>4333 EDGEWOOD ROAD NE<br>CEDAR RAPIDS IA  | Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              |   | ,<br>,   | Change   | Addition                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>YAMADA, SALLY S.<br>1150 SO OLIVE<br>LOS ANGELES CA   | X Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | ICIO and SVPIC ChangeAdditionGoodman, Eric400 W. Market StreetLouisville, KY40202   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TO<br>KAMRAN, HAGHIGHI<br>1150 S OLIVE ST<br>LOS ANGELES CA  | X Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | SVPX Change□ AdditionClancy, Brenda4333 Edgewood Road NECedar Rapids, IA52499   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>VEERJEE, NOORUDDIN S.<br>1150 S OLIVE ST<br>LOS ANGELES CA  | X Delete   | TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP                              | President Addition<br>Norman, Larry<br>4333 Edgewood Road NE<br><u>Cedar Rapids, IA 52499</u><br>ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information<br>ave the same legal effect as if made under oath; that I am an officer or director<br>pter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if |  |  |  |  |
| 13. I hereby of indicated of the cor  | certify that the information supplied with t<br>I on this report or supplemental report is t<br>rporation or the reveiler or trustee empoy   | his filing does not qualify for<br>rue and accurate and that<br>vered to execute this repor<br>th all other life empowered | or the exemption state<br>my signature shall have<br>t as required by Cha   | the same<br>oter 607, Flori   | 119.07(3)(1), Florida Statutes. I further<br>legal effect as if made under oath; tha<br>ida Statutes; and that my name appea | certify that the in<br>t I am an officer<br>rs in Block 11 o | nformation<br>or director<br>r Block 12 if |  |
| SIGNAT  | 1 (Chu 4 Hoath I a, th for a   | MELSECUM   | D   | Vico P-   | ces. 01/15/02 319  | 9/398-851  |  |  |