2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90319 029 ****61.25

DOCUMENT # 826055

1. Entity Name
THE NAVIGATORS

22001522

XX CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
3820 N 30TH ST COLORADO SPRINGS CO 80934	P.O. BOX 6000 ATTN: CORPORATE AFFAIRS COLORADO SPRINGS CO 80904

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 84-6007896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NELLIS, JOHN 2646 BROOME CIRCLE CANTONMENT FL 32533	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WHITE, JERRY E 762 GREY EAGLE CIRCLE S COLORADO SPRINGS CO 80919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attached List ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO ANDREW, ALAN K 2735 TARTAN LANE COLORADO SPRINGS CO 80920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREWS, ALAN K. ☐ Change ☐ Addition X Correction
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCF WEEKS, W. ANDREW JR 2735 TARTAN LN COLORADO SPRINGS CO 80918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCO LIBBY, LAUREN D 6166 DEL PAZ DR COLORADO SPRINGS CO 80918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NEUMANN, LEON A 3915 JASMINE ST COLORADO SPRINGS CO 80907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCOS STEPHENS, JOHN R 8210 TRAFALGER DR COLORADO SPRINGS CO 80920	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 617, 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.

SIGNATURE: [signature] Leon A. Neumann 1-27-03 719-598-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #