

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 829700 (4)

1. Corporation Name
FAMEX, INC.

Principal Place of Business
777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO CA 94988

Mailing Address
777 SAN MARIN DR
% CORP SECRETARY'S OFFICE
NOVATO CA 94988-0001



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
03/16/1973

3a. Date of Last Report
05/01/1996

4. FEI Number

94-2179407

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

DUDLEY, MICHAEL E
5310 CYPRESS CENTER DRIVE
TAMPA FL 33609

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSMeyer, HERBERT F.	
STREET ADDRESS	777 SAN MARIN DR.	
CITY - ST - ZIP	SAN RAFAEL CA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SWANSON, THOMAS A.	
STREET ADDRESS	777 SAN MARIN ST	
CITY - ST - ZIP	NOVATO CA	
TITLE	DCFO	<input type="checkbox"/> DELETE
NAME	POST, JEFFREY H	
STREET ADDRESS	777 SAN MARIN ST	
CITY - ST - ZIP	NOVATO CA	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WARREN, RICHARD G.	
STREET ADDRESS	777 SAN MARIN ST	
CITY - ST - ZIP	NOVATO CA	
TITLE	DPCE	<input type="checkbox"/> DELETE
NAME	MAHER, JOSEPH P. J	
STREET ADDRESS	777 SAN MARIN DRIVE	
CITY - ST - ZIP	NOVATO CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MARSH, HAROLD N III	
STREET ADDRESS	777 SAN MARIN ST	
CITY - ST - ZIP	NOVATO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

(415) 899-2000

Date

Daytime Phone #

CR2E034 (9/96)

FAMEX, INC.

PURPOSE: To engage primarily in the specific business of acting as an insurance consultant to industry associations, franchise groups and like associations.

DIRECTORS

Herbert F. Hansmeyer
P. Bruce Higgins
Joseph P. Maher, Jr.

Jeffrey H. Post
Thomas E. Rowe
Joe L. Stinnette, Jr.

ELECTED OFFICERS

Joe L. Stinnette, Jr.
Joseph P. Maher, Jr.

Jeffrey H. Post

Harold N. Marsh, III

Thomas A. Swanson

Richard G. Warren

P. Bruce Higgins

Michael A. Vallejos

Chairman of the Board
President
and Chief Executive Officer
Executive Vice President and
Chief Financial Officer
Senior Vice President and
Treasurer
Senior Vice President, General
Counsel and Corporate Secretary
Senior Vice President and
Controller
Vice President and Chief
Underwriting Officer
Vice President

APPOINTED OFFICERS

Jeannette Y. Wong

Assistant Secretary

Home office address: All of the above are located at 777 San Marin Drive, Novato, California 94998 unless noted