

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

FILED
Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **834974** (8)
1. Corporation Name

REALM NATIONAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

**125 MAIDEN LANE
NEW YORK NY**

**125 MAIDEN LANE
NEW YORK NY**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1975

4. FEI Number

13-3625361

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE - HALL CORP SYSTEMS INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CEO** ☐ DELETE
NAME **COOKE, NICHOLAS MARK**
STREET ADDRESS **9ST MARKS ROAD**
CITY-ST-ZIP **FLTTS BE**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☒ DELETE
NAME **WEYNARD, RUPERT J**
STREET ADDRESS **3024 MONTEGO PLACE**
CITY-ST-ZIP **PLANO TX**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **EVP** ☐ DELETE
NAME **WHALEN, PATRICK S**
STREET ADDRESS **8119 SCHREIBER PLACE**
CITY-ST-ZIP **BALDWIN NY**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **PRESIDENT**
3.3 STREET ADDRESS **WHALEN, PATRICK S.**
3.4 CITY-ST-ZIP **235 W. PARK AVENUE**

TITLE **VCO** ☐ DELETE
NAME **STILWELL, WINSLOW**
STREET ADDRESS **430 MILLBROOK AVE**
CITY-ST-ZIP **RANDOLPH NJ**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **COOKE, PENELOPE ATTEL**
STREET ADDRESS **9ST MARKS RD**
CITY-ST-ZIP **FLTTS BE**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **GREEN, DANNY R**
STREET ADDRESS **140 LAREDO AVE**
CITY-ST-ZIP **STATEN ISLAND NY**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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.

CR2E034 (10/97)