

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 836592 (6)
1. Corporation Name
SAFEMAY INSURANCE COMPANY

Principal Place of Business
790 PASQUINELLI DR
WESTMONT IL 60559
US

Mailing Address
790 PASQUINELLI DR
60559U DR
WESTMONT IL 60559
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1976	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 36-2497730	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEISS, DAVID 100 SOUTH BISCAYNE BLVD SUITE 1300 MIAMI FL 33131		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

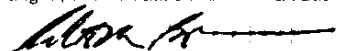
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PARRILLO, WILLIAM	1.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BORDEMAN, ROBERT	2.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARRILLO, WILLIAM GILES	3.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	PARRILLO, MICHAEL	4.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLWELL, LAURA	5.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	JONYNAS, DONNA	6.2 NAME	
STREET ADDRESS	790 PASQUINELLI DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	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.

SIGNATURE:



ROBERT M. BORDEMAN

2/27/98

(630)887-8300 x3811

CR2E034 (10/97)