2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Aaron T. Brubaker

02-21-2005 90052 001 ***150.00 **DOCUMENT #836592** SAFÉWAY INSURANCE COMPANY 40020249 Principal Place of Business Mailing Address 790 PASQUINELLI DR 790 PASQUINELLI DR. WESTMONT, IL 60559 WESTMONT, IL 60559 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132005 Chg-P CR2E034 (10/03) City & State City & State 4 EEI Number Applied For 36-2497730 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAKE, FRANK Street Address (P.O. Box Number is Not Acceptable) 132 NW 76TH DR. STE. A GAINESVILLE, FL 32607 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition Parrillo, William Joseph PARRILLO, WILLIAM NAME 790 Pasqumelli Drive 790 PASQUINELLI DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTMONT, IL 60559 CITY-ST-ZIP Westmont, IL 60559 D SITID ☐ Delete Change ☐ Addition Bordeman, Robert BORDEMAN, ROBERT NAME NAME 790 Pasquinelli Drive STREET ADDRESS 790 PASQUINELLI DR STREET ADDRESS CITY-ST-ZIP WESTMONT, IL CITY-ST-ZIP Westmant IL 60559 TITLE Delete TITLE **4/**6 **★** Change ☐ Addition Parrillo, William Giles NAME PARRILLO, WILLIAM GILES NAME STREET ADDRESS -790 PASQUENELLI DR STREET ADDRESS 790-Pasquinelli-Brix-Westmont, IL 60559 CITY-ST-ZIP WESTMONT, IL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition JONYNAS, DONNA NAME NAME STREET ADDRESS 790 PASQUINELLI DR STREET ADDRESS CITY-SI-ZIP WESTMONT, IL 60559 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Mulligan, Michael NAME MULLIGAN, MICHAEL NAME 190 Pasquinelli brive STREET ADDRESS 790 PASQUINELLI DRIVE STREET ADDRESS WESTMONT, IL 60559 Westmont, IL 60559 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE X Addition ☐ Change A Brubaker, Aaron NAME NAME STREET ADDRESS STREET ADDRESS 790 Pasquinelli Drive CITY-ST-ZIP CITY-ST-ZIP Westmont IL 60559 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 yeport exercised by Chapter 607, 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.

FILED Feb 21, 2005 8:00 am

Secretary of State

2-14-05

Date

630-887-8300

Davtime Phone #