

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841556

1. Entity Name

GUARANTEE INSURANCE COMPANY OF DELAWARE

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90034 050 ***150.00

Principal Place of Business
2 MILL ROAD
SUITE 104
WILMINGTON DE 19806
US

Mailing Address
2 MILL ROAD
SUITE 104
WILMINGTON DE 19703-2300
US

2. Principal Place of Business
650 Naamans Road

3. Mailing Address
650 Naamans Road

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State
Claymont, DE

City & State
Claymont, DE

Zip
19703

Country
USA

4. FEI Number 22-2222789

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

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE, FL MH 32304

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLBROOK, WILLIAM G	
STREET ADDRESS	7650 CONCESSION RD. #3	
CITY-ST-ZIP	UXBRIDGE, ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORRENS, ROBERT	
STREET ADDRESS	IBM TOWER, TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO ON	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHURR, JAMES	
STREET ADDRESS	38 MEADOWBROOK LANE	
CITY-ST-ZIP	NEWARK DE	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROFT, IAN	
STREET ADDRESS	35 EDGE VALLEY DR.	
CITY-ST-ZIP	ISLINGTON, ONT.	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROUGHTON, R W	
STREET ADDRESS	CEDARBROOK TRAIL R R 1	
CITY-ST-ZIP	BROOKLIN, ONT 0	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHURR, JAMES	
STREET ADDRESS	650 NAAMANS ROAD, SUITE 301	
CITY-ST-ZIP	CLAYMONT, DE 19703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE James R. Schurr James R. Schurr 4/6/00 302-792-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)