

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90060 040 ***150.00

DOCUMENT # 843518

1. Entity Name
COUNTRYWIDE SERVICES CORPORATION

Principal Place of Business

2000 WESTWOOD DRIVE
P.O. BOX 8017
WAUSAU WI 54402-5017

Mailing Address

2000 WESTWOOD DRIVE
P.O. BOX 8017
WAUSAU WI 54402-5017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-0967042

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 | PD | <input type="checkbox"/> Delete |
| NAME | NICHOLS, R. L. | |
| STREET ADDRESS | 11933 WESTLINE IND. DR. | |
| CITY-ST-ZIP | ST. LOUIS MO | |
| TITLE | VPS | <input type="checkbox"/> Delete |
| NAME | J. S. HOFFERT | |
| STREET ADDRESS | 2000 WESTWOOD DR | |
| CITY-ST-ZIP | WAUSAU WI | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | J. S. TORRENS | |
| STREET ADDRESS | 2000 WESTWOOD DR | |
| CITY-ST-ZIP | WAUSAU WI | |
| TITLE | MD | <input checked="" type="checkbox"/> Delete |
| NAME | ISAACSON, S.R. | |
| STREET ADDRESS | 2000 WESTWOOD DR. | |
| CITY-ST-ZIP | WAUSAU WI | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | VAN EYCK, JP | |
| STREET ADDRESS | 2000 WESTWOOD DR. | |
| CITY-ST-ZIP | WAUSAU WI | |
| TITLE | EVP | <input checked="" type="checkbox"/> Delete |
| NAME | BAY, BA | |
| STREET ADDRESS | 2000 WESTWOOD DR | |
| CITY-ST-ZIP | WAUSAU WI | |

| | | |
|----------------|---------------------|--|
| 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 | T/VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Elliot J. Williams | |
| STREET ADDRESS | 175 Berkeley St. | |
| CITY-ST-ZIP | Boston, MA 02117 | |
| TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gary R. Gregg | |
| STREET ADDRESS | 175 Berkeley Street | |
| CITY-ST-ZIP | Boston, MA 02117 | |
| TITLE | MD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mark J. Donlevie | |
| STREET ADDRESS | 175 Berkeley St. | |
| CITY-ST-ZIP | Boston, MA 02117 | |
| TITLE | EVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | G. Michael Fleming | |
| STREET ADDRESS | 622 Emerson | |
| CITY-ST-ZIP | Knox, MO 63141 | |

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
#843518

Wausau Insurance Companies Directors and Officers
Subsidiary Companies Section

413561

COUNTRYWIDE SERVICES CORPORATION

622 EMERSON
KREVCOR MO 63141

DIRECTORS

Mark J. Donlevie
Gary R. Gregg
Ronald L. Nichols
*Vacancy
*Vacancy

ELECTED OFFICERS

| | |
|--------------------|---|
| Gary R. Gregg | Chairman of the Board and Chief Executive Officer |
| Mark J. Donlevie | Managing Director |
| Ronald L. Nichols | President and Chief Operating Officer |
| G. Michael Fleming | Executive Vice President - Claim Operations |
| J. Stanley Hoffert | Vice President - General Counsel and Secretary |
| Elliot J. Williams | Vice President and Treasurer |
| John Nelson | Vice President - Marketing |
| Gary J. Ostrow | Vice President, Corporate Taxation |
| Diane Bainton | Assistant Secretary |
| *Vacancy | Assistant Secretary |
| W. Craig Olafsson | Assistant Secretary |
| James R. Pugh | Assistant Secretary |
| *Vacancy | Assistant Treasurer |

APPOINTED OFFICER

Gregory M. Allard Assistant Secretary

***There is an upcoming annual meeting in July at which time these positions may be filled.**

Date of Incorporation: April 30, 1971
State of Incorporation: Delaware
Ownership: Wausau Service Corporation (100%)

A stock corporation. The corporation provides specialized product liability investigative and claims management services to self-insured manufacturers and other risk management entities.

Federal Employer ID No.: 43-0967042