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May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856677 (0)

1. Corporation Name  
ADJUSTORS CORPORATION OF AMERICA, INC.

Principal Place of Business  
501 5TH AVE. 3RD FL  
NEW YORK NY 10017

Mailing Address  
501 5TH AVE. 3RD FL  
NEW YORK NY 10017-6102

3. Date Incorporated or Qualified 06/07/1983  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 13-3161482  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM 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

Signer is typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SATLER, STEPHEN ☒ DELETE  
STREET ADDRESS 501 5TH AVE  
CITY-ST-ZIP NEW YORK NY

TITLE S  
NAME KROLL, ELISE ☒ DELETE  
STREET ADDRESS 501 5TH AVE  
CITY-ST-ZIP NEW YORK NY

TITLE DVP  
NAME ROSENBAUM, DAVID ☒ DELETE  
STREET ADDRESS 501 FIFTH AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME ELISE C. KROLL  
1.3 STREET ADDRESS 501 FIFTH AVE  
1.4 CITY-ST-ZIP NEW YORK, NY 10017

2.1 TITLE SECRETARY ☒ Change ☐ Addition  
2.2 NAME DAVID ROSENBAUM  
2.3 STREET ADDRESS 501 FIFTH AVE  
2.4 CITY-ST-ZIP NEW YORK, NY 10017

3.1 TITLE DIRECTOR ☒ Change ☐ Addition  
3.2 NAME ELLIOTT M. KROLL  
3.3 STREET ADDRESS 501 FIFTH AVENUE  
3.4 CITY-ST-ZIP NEW YORK, NY 10017

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

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

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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELISE KROLL

4/24/97

(212)949-7000

Date

Daytime Phone #

0004048

CR2E034 (9/96)