

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90059 015 ***550.00

014676 AB

DOCUMENT # F01000003098

1. Entity Name
WORKERS COMPENSATION FUND CORPORATION



Principal Place of Business
392 EAST 6400 SOUTH
MURRAY UT 84107

Mailing Address
PO BOX 57929
SALT LAKE CITY UT 84157-0929



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0407018**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SUMMERHAYS, LANE A**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE **D** ☐ Change ☒ Addition
NAME **S. Camille Anthony**
STREET ADDRESS **392 East 6400 South**
CITY-ST-ZIP **Murray UT 84107**

TITLE **V** ☐ Delete
NAME **CALLANAN, THOMAS E**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE **D** ☐ Change ☒ Addition
NAME **Judd A. Turner**
STREET ADDRESS **392 East 6400 South**
CITY-ST-ZIP **Murray UT 84107**

TITLE **S** ☐ Delete
NAME **LLOYD, DENNIS V**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE **D** ☐ Change ☒ Addition
NAME **Vicki Varela**
STREET ADDRESS **392 East 6400 South**
CITY-ST-ZIP **Murray UT 84107**

TITLE **T** ☐ Delete
NAME **PICKUP, RAY D**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **GREEN, MELVIN C**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VC** ☒ Delete
NAME **HEUGLY, MARK H**
STREET ADDRESS **392 EAST 6400 SOUTH**
CITY-ST-ZIP **MURRAY UT 84107**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 report as required 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.

SIGNATURE: **SIGNATURE REQUIRED** **Dennis V. Lloyd**

801-288-8159

7-16-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80133371
FOI000003098

10. Officers and Directors -- Workers Compensation Fund Corporation

Title: V
Name: Robert H. Short
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Title: D
Name: August Glissmeyer, Jr.
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Delete

Title: D
Name: Raylene G. Ireland
Street Address: 392 East 6400 South
City-St-Zip: Murray UT 84107

Delete