

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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96 JAN 29 PM 2: 32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005197 (9)
1. Corporation Name
SERVICE CONTRACT INDUSTRY COUNCIL, INC.

Principal Place of Business: **204 SOUTH MONROE STREET TALLAHASSEE FL 32301**
Mailing Address: **204 SOUTH MONROE STREET TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **11/16/1993** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3190625** 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

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent
**MEENAN, TIMOTHY J
204 SOUTH MONROE STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: **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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAUFELD, FREDRICK	
STREET ADDRESS	44873 FALCOM PLACE, STE. 174	
CITY- ST- ZIP	STERLING VA 22170	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARSON, DAVE	
STREET ADDRESS	1775 12TH AVENUE NW	
CITY- ST- ZIP	ISSAQUAH WA 98027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHERMER, BERNIE	
STREET ADDRESS	26 WASHINGTON AVENUE	
CITY- ST- ZIP	ST. LOUIS MO 63101	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	

~~700001728747~~
~~-03/01/96--01014--011~~ Change Addition
***322.50

500001728755
-03/01/96--01014--011
***322.50

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)

Handwritten initials