

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005368

1. Entity Name

RICOMP CLAIMS MANAGEMENT CORPORATION

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90130 026 \*\*\*150.00

Principal Place of Business

Mailing Address

600 ANTON BLVD  
COSTA MESA CA 92628  
US

P O BOX 8333807  
RICHARDSON TX 75083  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

777 East Wisconsin Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 1400

Suite, Apt. #, etc.

City & State

Milwaukee, WI 53202

City & State

4. FEI Number

33-0538783

Applied For

Not Applicable

Zip

53202

Country

Milwaukee

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, 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 ☐ Delete  
NAME C  
STREET ADDRESS J.R. STONE  
CITY-ST-ZIP 600 ANTON BLVD STE 700  
COSTA MESA CA 92626

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 777 East Wisconsin Blvd. Ste 1400  
CITY-ST-ZIP Milwaukee, WI 53202

TITLE ☐ Delete  
NAME P  
STREET ADDRESS SPIGARELLI, A J  
CITY-ST-ZIP 2201 SEAL BEACH BLVD.  
SEAL BEACH CA 90740-8250

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS CALUSE, W J JR  
CITY-ST-ZIP 600 ANTON BLVD STE 700  
COSTA MESA CA 92626

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 777 East Wisconsin Blvd. Ste 1400  
CITY-ST-ZIP Milwaukee, WI 53202

TITLE ☐ Delete  
NAME T  
STREET ADDRESS POPOVEC, D J  
CITY-ST-ZIP 600 ANTON BLVD STE 700  
COSTA MESA CA 92626

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 777 East Wisconsin Blvd. Ste 1400  
CITY-ST-ZIP Milwaukee, WI 53202

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS FINNELL, ROBERT F  
CITY-ST-ZIP 2201 SEAL BEACH BLVD.  
SEAL BEACH CA 90740-8250

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 44833 Winged Foot Drive  
CITY-ST-ZIP Indian Wells, CA 92210

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS JANIS, S R  
CITY-ST-ZIP 3200 E RENNER RD  
RICHARDSON TX 75082

TITLE ☐ Change ☐ 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: *Stanley R. Janis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(972) 705-1663

Date

Daytime Phone #

CR2E034 (9/99)