

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005368

1. Entity Name

RICOMP CLAIMS MANAGEMENT CORPORATION

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90342 018 ***150.00

Principal Place of Business

**777 EAST WISCONSIN AVE
STE 1400
MILWAUKEE WI 53202
US**

Mailing Address

**P O BOX 833807
RICHARDSON TX 75083-807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0538783**

Applied For

Not Applicable

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, 2001 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 **C** ☒ Delete
NAME **J.R. STONE**
STREET ADDRESS **777 EAST WISCONSIN BLVD STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

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

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

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

TITLE **VP** ☐ Delete
NAME **CALISE, W J JR**
STREET ADDRESS **777 EAST WISCONSIN BLVD STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

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

TITLE **T** ☒ Delete
NAME **POPOVEC, D J**
STREET ADDRESS **777 EAST WISCONSIN BLVD STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

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

TITLE **PD** ☒ Delete
NAME **FINNELL, ROBERT F**
STREET ADDRESS **44833 WINGED FOOT DRIVE**
CITY-ST-ZIP **INDIAN WELLS CA 92210**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Vetter, William**
CITY-ST-ZIP **6040 Ponders Court
Greenville, SC 29615**

TITLE **VP** ☐ Delete
NAME **JANIS, S R**
STREET ADDRESS **3200 E RENNER RD**
CITY-ST-ZIP **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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-2001

Date

972-705-1663

Daytime Phone #

CR2E034 (10/00)