

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90151 002 ***150.00

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SP

DOCUMENT # F93000005368

1. Entity Name

RICOMP CLAIMS MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

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

**P O BOX 8333807
RICHARDSON TX 75083-807
US**

2. Principal Place of Business
400 Collins Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cedar Rapids, Iowa

City & State

4. FEI Number
33-0538783

Applied For
Not Applicable

Zip
52498

Country
USA

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, 2002 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 **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 **5836 Corporate Avenue**
CITY-ST-ZIP **Cypress, CA 90630**

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 **VP and Secretary**
STREET ADDRESS **Chadick, Gary**
CITY-ST-ZIP **400 Collins Road**
Cedar Rapids, IA 52498

TITLE **AT** ☒ Delete
NAME **GARDNER, STEVEN**
STREET ADDRESS **777 EAST WISCONSIN BLVD STE 1400**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE ☐ Change ☒ Addition
NAME **VP and Treasurer**
STREET ADDRESS **Allen, Patrick**
CITY-ST-ZIP **400 Collins Road**
Cedar Rapids, IA 52498

TITLE **S** ☒ Delete
NAME **VETTER, WILLIAM**
STREET ADDRESS **6040 PONDER COURT**
CITY-ST-ZIP **GREENVILLE SC 29615**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Erickson, Lawrence**
CITY-ST-ZIP **400 Collins Road**
Cedar Rapids, IA 52498

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Assistant Treasurer**
STREET ADDRESS **Crookshank, Daniel**
CITY-ST-ZIP **400 Collins Road**
Cedar Rapids, IA 52498

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 972-705-1063

Date Day/Time Phone #

CR2E034 (9/01)