

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 014 ***150.00

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DOCUMENT # F94000000091

1. Corporation Name

UNITED FINANCIAL ADJUSTING COMPANY

Principal Place of Business

747 ALPHA DR.
HIGHLAND HEIGHTS OH 44124
US

Mailing Address

747 ALPHA DR.
HIGHLAND HEIGHTS OH 44124
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1994

4. FEI Number

34-1750521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26 6300 Wilson Mills Road

27

28 Mayfield Village, OH

29 44143

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ DELETE

NAME LEWIS, PETER B

STREET ADDRESS 6300 WILSON MILLS RD

CITY-ST-ZIP MAYFIELD HEIGHTS OH

TITLE ☐ DELETE

NAME PD

STREET ADDRESS 747 ALPHA DRIVE

CITY-ST-ZIP HIGHLAND HEIGHTS OH 44143-2124

TITLE ☐ DELETE

NAME DOLOHANTY, JANET A

STREET ADDRESS 6300 WILSON MILLS RD

CITY-ST-ZIP MAYFIELD HEIGHTS OH

TITLE ☐ DELETE

NAME S

STREET ADDRESS SCHNEIDER, DAVID M

CITY-ST-ZIP 6300 WILSON MILLS RD

TITLE ☐ DELETE

NAME T

STREET ADDRESS PLATNER, BRACK T

CITY-ST-ZIP 747 ALPHA DRIVE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP HIGHLAND HEIGHTS OH 44143-2124

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Mayfield Village, OH 44143

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Mayfield Village, OH 44143

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Mayfield Village, OH 44143

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Platner, Breck T

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet A. Dolohanty

03/01/99

Date

440-446-7902

Daytime Phone #

CR2E034 (11/98)