

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90048 042 ***150.00

DOCUMENT # F94000000861

1. Entity Name

NASRA TPA, INC.

HCC Administrators, Inc.

Principal Place of Business

Mailing Address

2215 SANDERS RD
STE. 500
NORTHBROOK IL 60065-3009
US

2215 SANDERS RD
STE. 500
NORTHBROOK IL 60062-6136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

60065-3009

4. FEI Number **36-3481109**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 **CPD** ☐ Delete
NAME **MELLON, GEORGE ALBERT**
STREET ADDRESS **2215 SANDERS RD, STE 500**
CITY-ST-ZIP **NORTHBROOK IL 60065**

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

TITLE **VTSD** ☒ Delete
NAME **TEGENKAMP, JOHN NICHOLAS**
STREET ADDRESS **2215 SANDERS RD, STE 500**
CITY-ST-ZIP **NORTHBROOK IL 60065**

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

TITLE **D** ☐ Delete
NAME **GRAHF, RON CHRISTOPHE**
STREET ADDRESS **2215 SANDERS RD, STE 500**
CITY-ST-ZIP **NORTHBROOK IL 60065**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **John Mark Killingsworth**
STREET ADDRESS **7200 Copperfield Drive**
CITY-ST-ZIP **Montgomery, AL 36117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Christopher Lyn Martin**
STREET ADDRESS **13403 Northwest Freeway**
CITY-ST-ZIP **Houston, TX 77040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **John Niels Molbeck, Jr.**
STREET ADDRESS **13403 Northwest Freeway**
CITY-ST-ZIP **Houston, TX 77040**

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 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Mark Killingsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00
Date

RECEIVED
FEB 28 2000
(370) 272-3404
Daytime Phone #

CR2E034 (9/99)