

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90018 028 \*\*\*150.00

**DOCUMENT # F94000000861**

1. Entity Name

**HCC ADMINISTRATORS, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**13403 Northwest Fwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Altri Legal Dept.**

City &amp; State

City &amp; State

**Houston, TX**

Zip

Country

Zip

Country

**77040****USA**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD MELLON, GEORGE ALBERT 2215 SANDERS RD, STE 500 NORTHBROOK IL 60065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHF, RON CHRISTOPHE 2215 SANDERS RD, STE 500 NORTHBROOK IL 60065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILLINGSWORTH, JOHN M 7200 COPPER FIELD DRIVE MONTGOMERY AL 36117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTIN, CHRISTOPHER L 13403 NORTHWEST FREEWAY HOUSTON TX 77040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELBACK, JOHN N JR 13403 NORTHWEST FREEWAY HOUSTON TX 77040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDV Edward H. Ellis, Jr. 13403 Northwest Freeway Houston TX 77040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Molbeck, John N. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Christopher L. Martin**

Date

Daytime Phone #

**1-22-01 713-690-7300**

CR2E034 (10/00)