2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am DOCUMENT # F94000005405 Secretary of State 1. Entity Name 02-07-2002 90303 046 ***150 00 AMERICAN CONTRACTORS INDEMNITY COMPANY Principal Place of Business Mailing Address 9841 AIRPORT BLVD 9841 AIRPORT BLVD 9TH FLOOR 9TH FLOOR LOS ANGELES CA 90045 LOS ANGELES CA 90045 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-4290651 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition **∑** Delete Change 1 TITLE ROBERT F. THOMAS NAME BAUMGARTEN, SKIPPER G NAME 840 GALLOWAY ST. STREET ADDRESS STREET ADDRESS 11459 AYRSHIRE BLVD. Pocific PALISADES CALH. 90272 CITY-ST-7IP CITY-ST-7IP LOS ANGELES CA 90049 TITI F D ☐ Delete NAME NAME LEVINE, WILLIAM STREET ADDRESS STREET ADDRESS 211, SPAULDING DR., #604 CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** ☐ Addition ☐ Delete TITLE Ð NAME NAME PEARL, ERWIN B STREET ADDRESS STREET ADDRESS 2502 CAMINO REAL CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS CA 92262 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME BERGER, RON STREET ADDRESS STREET ADDRESS 7700 N.E. AMBASSADOR CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97220 Change ☐ Addition ☐ Delete TITLE TITLE DΡ NAME NAME FAUST, ANDY T STREET ADDRESS STREET ADDRESS 2205 THOMASVILLE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition TITLÉ TITLE ☐ Delete NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERGUSON, JAMES N.

LOS ANGELES CA 90045

9841 AIRPORT BLVD

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED