2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F94000005405

1. Entity Name



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90157 045 ***150.00

AMENIC	AN CONTRACTORS INDEMNI	IY COMPANY				
Principal Place of Business Mai		Mailing Address	illing Address			
9841 AIRPORT BLVD		9841 AIRPORT BLVD	141 AIRPORT BLVD			
100 4005 50 00 000		9TH FLOOR	1			
110		LOS ANGELES CA 90045			L REACTION FORM HARRY MINUT MAINT DATH ARRIVE ANNI R	ATOR ATOT ATOT BATALAND AND THE
00		US	<u> </u>			
3. N		3. Mailing Address	Mailing Address		4 Lanisaa tein inies nikti natti aalit batti dalit a	(BIB) BIF4) BIBIH (BB) BI BIFH 1844
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
		. , , , , , , , , , , , , , , , , , , ,			☐ CHECK HERE IF MAKING CHANGES	
City & Sta	City & State		City & State		4. FEI Number 95-4290651 Applied For Not Applicable	
7:						
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
 -	6. Name and Address of Current Re	gistered Agent		7	7. Name and Address of New Registered A	Agent
C T CORPORATION SYSTEM			Name	Name		
	UTH PINE ISLAND RD.		Street Address (P.		D. Box Number is Not Acceptable)	
	ION FL 33324		The second secon			
CANTAI	ION FL 33324					<u> </u>
			City		F-1	Zip Code
8. The above	e named entity submits this statement for the	e nurnose of changing its	sociate and affin		agent, or both, in the State of Florida. I am fa	
the obliga	tions of registered agent.	c purpose of changing its	registered office or	registered	agent, or both, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent and ti	itle if applicable. (NOTE	E: Registered Agent signatu	In required whe		
· 'E	FILE NOW!!! FEE IS \$150.00			ne reduited wile	en reinstating) DATE	
Afte Make Chéc	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of St				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C THOMAS, ROBERT F	☐ Delete	TITLE	-		☐ Change ☐ Addition
NAME STREET ADDRESS	840 GALLOWAY ST		NAME			
CITY-ST-ZIP	PACIFIC PALISADES CA 90272		STREET ADDRESS			
TITLE	D		CITY-ST-ZIP			
NAME	LEVINE, WILLIAM	☐ Delete	TITLE			☐ Change ☐ Addition
	211 SPAULDING DR., #604		NAME			
CITY-ST-ZIP	BEVERLY HILLS CA 90212		STREET ADDRESS CITY-ST-ZIP			
TITLE	D	Пол. —	 			
	DEADL EDIAMA D	☐ Delete —	TITLE			Change Addition

Pearl, Erwin B STREET ADDRESS 2502 CAMINO REAL STREET ADDRESS CITY-ST-ZIP PALM SPRINGS CA 92262 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERGER, RON NAME NAME STREET ADDRESS 7700 N.E. AMBASSADOR STREET ADDRESS CITY-ST-ZIP PORTLAND OR 97220 CITY-ST-ZIP DP TITLE ☐ Delete TITLE ☐ Change FAUST, ANDY T ☐ Addition NAME NAME 2205 THOMASVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TITLE

CITY-ST-ZIP LOS ANGELES CA 90045 CITY-ST-ZIP 12. 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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

FERGUSON, JAMES N

9841 AIRPORT BLVD

DURGHAPTER DUIREDMES H. FERGUSON

☐ Delete

FERGUSON, JAMES H.

Change

☐ Addition