

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90120 032 \*\*\*150.00

**DOCUMENT # F96000002313**

1. Entity Name

**RESIDENTIAL WARRANTY CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2920 NORTH GREEN VALLEY PARKWAY  
BUILDING #3, SUITE #321  
HENDERSON NV 89014  
US5300 DERRY STREET  
HARRISBURG PA 17111-3576  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

23-2181571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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 PD  
NAME PARMER, GEORGE A  
STREET ADDRESS 5300 DERRY STREET  
CITY-ST-ZIP HARRISBURG PA 17111 ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD  
NAME FOLEY, KATHLEEN D  
STREET ADDRESS 5300 DERRY STREET  
CITY-ST-ZIP HARRISBURG PA 17111 ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST  
NAME GEIST, SUSAN R  
STREET ADDRESS 5300 DERRY STREET  
CITY-ST-ZIP HARRISBURG PA 17111 ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  
NAME SCHILLING, JOHN L III  
STREET ADDRESS 7300 DERRY STREET  
CITY-ST-ZIP HARRISBURG PA 17111 ☐ DeleteTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

4/28/00

Date

(717) 561-4480

Daytime Phone #

CR2E034 (9/99)