FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90006 013 ***150.00

DOCUMENT # F96000002354

1. Corporation Name

GLOBAL SURETY NETWORK, INC.

[redacted]

Principal Place of Business	Mailing Address
1601 CHESTNUT STREET TL13A PHILADELPHIA PA 19192	1601 CHESTNUT STREET TL13A PHILADELPHIA PA 19192

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 19103 Country: 25	Zip: 29 19103 Country: 30

4. FEI Number: 23-2099779 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUNGREIS, WILLIAM	1.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAZIORA, DEBRA H	2.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MULLIGAN, GEORGE D	3.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192	3.4 CITY-ST-ZIP	
TITLE	AS ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	SMITH, KIM M	4.2 NAME	AS DAVID B. CORWIN
STREET ADDRESS	1601 CHESTNUT STREET	4.3 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP	PHILADELPHIA PA 19192	4.4 CITY-ST-ZIP	Phila, PA 19103
TITLE	VP ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	BERGSTEINSSON, PAUL	5.2 NAME	VP KENNETH R. GARRETT
STREET ADDRESS	1601 CHESTNUT STREET	5.3 STREET ADDRESS	1601 Chestnut St
CITY-ST-ZIP	PHILADELPHIA PA 19192	5.4 CITY-ST-ZIP	Phila, PA 19103
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JUNGREIS, WILLIAM	6.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: [signature] DAVID B. CORWIN 4/24/00 215-640-1000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED DATE