

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90389 003 ***150.00

DOCUMENT # **F96000065086**

1. Entity Name

MEDISERVE INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
 1209 ORANGE STREET PO BOX 2216
 WILMINGTON DE 19801 SCHENECTADY, NY 12301-2216

C0067533

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
 39-1862328

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

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 SEE ATTACHED LIST ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
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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: **BARBARA A. MELITA**

BARBARA A. MELITA

4/19/01

518-433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

100071-Mediserve Insurance Services, Inc.
 100071-Mediserve Insurance Services, Inc.
 100071-Mediserve Insurance Services, Inc.

Federal ID : 39-1862328

Tax Year : 2001 Rpt Mth : 3

Name	Title	Business Address
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Deborah Koconis	Secretary	3000 N. Grandview Blvd. Waukesha WI 53188
James S. Shepard	Chairman of the Board	3000 North Grandview Blvd. Milwaukee WI 53188
James S. Shepard	Director	3000 North Grandview Blvd. Milwaukee WI 53188
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Ted B. Opie	Chief Executive Officer	3000 North Grandview Blvd. Milwaukee WI 53188
Ted B. Opie	President	3000 North Grandview Blvd. Milwaukee WI 53188
Ted B. Opie	Director	3000 North Grandview Blvd. Milwaukee WI 53188
Thomas L. Paquin	Executive Vice President	9880 S. Ridgeview Drive Oak Creek WI 53154
Thomas L. Paquin	Director	9880 S. Ridgeview Drive Oak Creek WI 53154