2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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Name

City

DOCUMENT # **F96000005330**

Country

USA

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

2. Principal Place of Business

Suite, Apt. #, etc.

Glendale, CA

91204-1269

St<u>e</u> 400

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

City & State

425 West Broadway

HOWERY, MIKE

1515 S. ORLANDO AVE MAITLAND FL 32751-6471

9. This corporation is eligible to satisfy its Intangible

KALIOR, LAWRENCE J

GLENDALE CA 91204

GELLER, RONALD A

GLENDALE CA 91204

GLENDALE CA 91204

RICHMAN, JOEL

425 W. BROADWAY #400

425 W. BROADWAY #400

425 W. BROADWAY #400

Tax filing requirement and elects to do so.

(See criteria on back)

PSDC

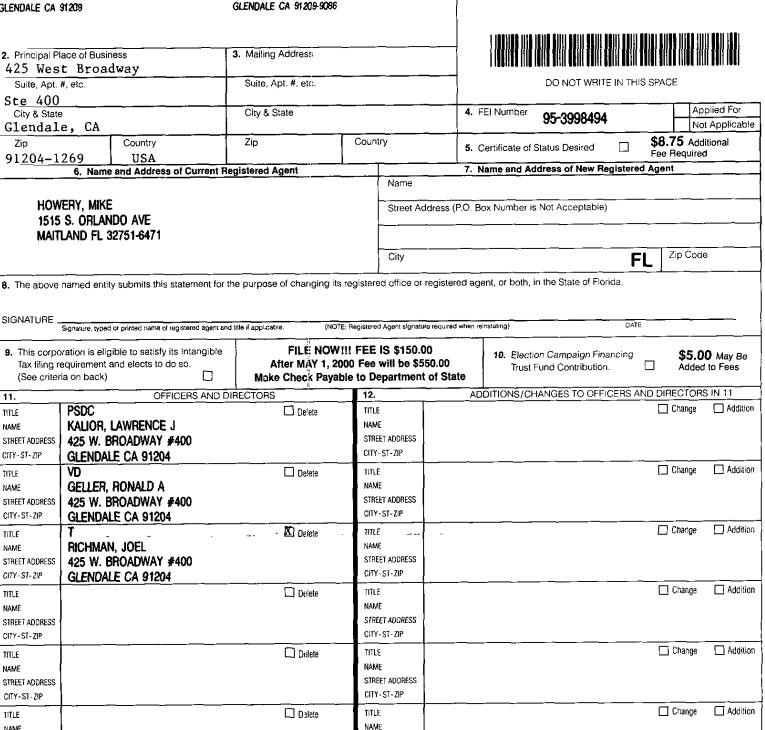
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TRANSPORTATION INSURANCE MANAGEMENT COMPANY

Principal Place of Business Mailing Address PO BOX 29086 PO BOX 29086 GLENDALE CA 91209-9086 GLENDALE CA 91209

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90073 004 ***150.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

To B SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Kalior

March 2, 2000 818-246-2800

Daytime Phone #

Date