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

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700001183 (9)

Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE:

UNITED ASSET COVERAGE, INC.

Principal Place of Business Mailing Address 1733 PARK ST #200 1733 PARK ST #200 NAPERVILLE IL 60563 NAPERVILLE IL 80563

2a. Mailing Address

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

(630)428-0833

3. Date Incorporated or Qualified 03/07/1997

4. FEI Number

52-2105344 21 26 Not Applicable Suite. Apt. #. etc. Suite Act # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent eignature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change MARTUCCI, PATRICK J NAME 1.2 NAME CR2E034 1733 PARK ST #200 STREET ADDRESS 1.3 STREET ADDRESS NAPERVILLE IL 60563 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition JACQUES, JOHN F NAME 1733 PARK ST #200 STREET ADDRESS 2.3 STREET ADDRESS NAPERVILLE IL 60563 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TOTLE 31 TITLE Change LINCOLN, MARK H NAME 3.2 NAME 1733 PARK ST #200 STREET ADDRESS 3.3 STREET ADDRESS NAPERVILLE IL 60563 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE BAUER, MARSHALL F NAME 4. 2 NAME 1733 PARK ST #200 STREET ADDRESS 4 3 STREET ADDRESS NAPERVILLE IL 60563 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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

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