

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90716 034 ***150.00

DOCUMENT # F97000001183

1. Entity Name

UNITED ASSET COVERAGE, INC.

Principal Place of Business

**1733 PARK ST #200
 NAPERVILLE IL 60563**

Mailing Address

**1733 PARK ST #200
 NAPERVILLE IL 60563**

2. Principal Place of Business

217 - Shuman Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naperville, IL

City & State

Zip **60563**

Country **USA**

Zip

Country

4. FEI Number

52-2105344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **DCPT** ☐ Delete
 NAME **MARTUCCI, PATRICK J**
 STREET ADDRESS **1733 PARK ST #200**
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE **DC** ☐ Delete
 NAME **JACQUES, JOHN F**
 STREET ADDRESS **1733 PARK ST #200**
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE **DS** ☐ Delete
 NAME **LINCOLN, MARK H**
 STREET ADDRESS **1733 PARK ST #200**
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE **S/C** ☐ Delete
 NAME **LENZ, THEODORE W**
 STREET ADDRESS **216 WILSONIA**
 CITY-ST-ZIP **NASHVILLE TN 37205**

TITLE **D** ☐ Delete
 NAME **E.B., LYON 111**
 STREET ADDRESS **500 CRESCENT COURT ST. 270**
 CITY-ST-ZIP **DALLAS TX 75201**

TITLE **D** ☐ Delete
 NAME **BURCH, LUCIUS 111**
 STREET ADDRESS **310 25TH AVE N. #103**
 CITY-ST-ZIP **NASHVILLE TN 37203**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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

5/16/02
 Date

630.548.6330
 Daytime Phone #

CR2E034 (9/01)