

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90013 038 ***150.00

DOCUMENT # F97000001183

1. Entity Name
UNITED ASSET COVERAGE, INC.



Principal Place of Business
**217 SHUMAN BLVD
4TH FLOOR
NAPERVILLE, IL 60563**

Mailing Address
**215 SHUMAN BLVD
4TH FLOOR
NAPERVILLE, IL 60563**

54038642



2. Principal Place of Business
215 Shuman Blvd

3. Mailing Address

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.

City & State
Naperville, IL

City & State

Zip
60563

Country

Zip

Country

01082004

Chg-P

CR2E034 (10/03)

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

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCPT
Martucci, Patrick J
215 Shuman Blvd. - 4th FL
Naperville, IL 60563** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DC
Jacques, John F
102 Woodmont Blvd, Suite 320
Nashville, TN 37205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
Lincoln, Mark H
216 Wilsonia
Nashville, TN 37205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/C
Lenz, Theodore W
511 Union Street, Suite 2100
Nashville, TN 37219-8966** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Birch, Lucius III
310 25th Ave N North 103
Nashville, TN 37203** ☒ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark A. Canuto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #