

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90094 034 ***150.00

DOCUMENT # F97000002104

1. Corporation Name

RYLAND INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

11000 BROKEN LAND PKWY.
COLUMBIA MD 21044

11000 BROKEN LAND PKWY.
COLUMBIA MD 21044



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

68-0365723

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 14505 N. Hayden Rd.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite B340

27

23 City & State
Scottsdale AZ

28 City & State

24 Zip Country
85260

29 Zip Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOGZELA, JIM	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GLOTH, PATRICIA S	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MICHAEL G	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANGAN, MICHAEL D	
STREET ADDRESS	11000 BROKEN LAND PKWY.	
CITY-ST-ZIP	COLUMBIA MD 21044	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHULTZ, DAVID J	
STREET ADDRESS	3350 WATT AVE., #F	
CITY-ST-ZIP	SACRAMENTO CA 95821	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, MICHELE	
STREET ADDRESS	11000 BROKEN LAND PKWY	
CITY-ST-ZIP	COLUMBIA MD 21044	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Schreiner
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Asst. Treasurer
2.3 STREET ADDRESS	René L. mentch
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Schreiner
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	14505 North Hayden Rd. Ste. B340
5.4 CITY-ST-ZIP	Scottsdale, AZ 85260
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *René L. mentch* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

René L. mentch Asst. Treasurer

4-22-99

Date

(410) 715 7059

Daytime Phone #

CR2E034 (11/98)