

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90367 044 ***150.00

DOCUMENT # F97000002104

1. Entity Name
RYLAND INSURANCE SERVICES, INC.

766757



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14555 N HATDEN RD SUITE 100 SCOTTSDALE AZ 85260 US	Mailing Address 11000 BROKEN LAND PKWY. COLUMBIA MD 21044
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2. Principal Place of Business 14555 N. Hayden Road	3. Mailing Address 24025 Park Sorrento
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 400

City & State Scottsdale, AZ	City & State Calabasas, CA
Zip 85260	Country USA
Zip 91302	Country USA

4. FEI Number 68-0365723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRIENER, DANIEL 6300 CANDOGA AVE WOODLAND HILLS CA 91367 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MENTCH, RENE L 11000 BROKEN LAND PKWY. COLUMBIA MD 21044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASS, SUSAN M 6300 CANDOGA AVE WOODLAND HILLS CA 91367 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM, CAROL 14555 N HAYDEN RD SUITE 100 SCOTTSDALE AZ 85260 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Graham, Carol 14555 N. Hayden Road, Suite 100 Scottsdale, AZ 85260 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Mentch, Rene L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cass, Susan M. 6300 Candooga Avenue, 14th Floor Woodland Hills, CA 91367 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Geckle, Timothy J. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Lowe, Cathery S. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Markham, Sheri L. 24025 Park Sorrento, Suite 400 Calabasas, CA 91302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Rene L. Mentch Date: 4/30/01 Daytime Phone #: 818 223 7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)