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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002197 (8)

1. Corporation Name

PRUDENTIAL SERVICE BUREAU, INC.

Principal Place of Business

11405 BLUEGRASS PARKWAY
LOUISVILLE KY 40299

Mailing Address

11405 BLUEGRASS PARKWAY
LOUISVILLE KY 40299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

61-1169763

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee, FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 607.0507 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

TITLE
NAME CD
GROSS, T S
STREET ADDRESS 200 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA NY 10595 ☒ DELETE

TITLE
NAME PD
MICKIEWICZ, WAYNE E
STREET ADDRESS 11405 BLUEGRASS PARKWAY
CITY-ST-ZIP LOUISVILLE KY 40299 ☒ DELETE

TITLE
NAME D
LUNA, MATTHEW M
STREET ADDRESS 200 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA FL 10595 ☒ DELETE

TITLE
NAME V
WESTER, STEVEN R
STREET ADDRESS 200 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA FL 10585 ☒ DELETE

TITLE
NAME S
LAWRENCE, ROBERT S M
STREET ADDRESS 200 SUMMIT LAKE DRIVE
CITY-ST-ZIP VALHALLA NY 10595 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME John D. Gannett
1.3 STREET ADDRESS 11405 Bluegrass Parkway
1.4 CITY-ST-ZIP Louisville, KY 40299 ☒ Change ☐ Addition

2.1 TITLE T
2.2 NAME Christine Beckler
2.3 STREET ADDRESS 11405 Bluegrass Parkway
2.4 CITY-ST-ZIP Louisville, KY 40299 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)