

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003348

1. Entity Name  
EDCO INSURANCE SERVICES, INC.

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90213 023 \*\*\*550.00

Principal Place of Business  
650 CIT Drive  
Livingston NJ 07039

Mailing Address  
Livingston NJ 07039



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 35-2003494		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEMS 1200 SO PINE ISLAND RD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b> <b>Make Check Payable to Department of State</b>	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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GEORGE 181 BAY ST STE 3500 TORONTO ONTARIO CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYES, W S 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HICKS, ROBERT J 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS HERBST, SCOTT E 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILBURN, MELISSA M 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO BELAND, MICHEL 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 life empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/00)

Attachment  
DH F9700W3348  
DW 80106

**EDCO Insurance Services, Inc.**

<b>DIRECTORS</b>
Alan Parkinson
George Wilson
Bradley D. Nullmeyer
Jeff Flora
Bill Rutledge
Gary Manke
Demar Riesterer

650 CIT Dr., Livingston, NJ 07030

<b>OFFICERS</b>
President Bradley D. Nullmeyer
Executive Vice President and Chief Financial Officer Borden D. Rosiak
Executive Vice President - Taxation John G. Jakolev
General Manager George Wilson
Vice President Alan Parkinson
Assistant Vice President and Assistant Secretary Scott E. Herbst
Assistant Secretary Melissa M. Staton
Assistant Secretary John C. Chobot
Assistant Treasurer Mark Brower
Director, Federal Taxes William Rodgers
Director, State Income Taxes Louis DeVico